

NOT FOR OFFICIAL USE

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

Deceased 205
4-11-82
Nash Co.

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County Nash Registration District No. 64-5849 Certificate No. 11
Township Castalia or Village
City (No. of birth occurred in hospital or institution, give its name instead of street and number) St. Ward

2. FULL NAME OF CHILD John Edwards Dickens (If child is not yet named, make supplemental report, as directed)

3. Sex of child M To be answered only in event of plural births. 4. Twin, triplet, or other. 5. Number, in order of birth. 6. Part is married. 7. Date of birth January 23, 1925 (Name of Month) (Day) (Year)

8. FATHER Full name J. H. Dickens 14. MOTHER Full name Mayme Edwards

9. Residence (Usual place of abode) Nash Co. NC. 15. Residence (Usual place of abode) NOT FOR OFFICIAL USE (If nonresident, give place and State)

10. Color or race White 11. Age at last birthday. 16. Color or race White 17. Age at last birthday 24 (Years)

12. Birthplace (City or place) Nash Co. Castalia NC. 18. Birthplace (City or place) (State or country)

13. Occupation Mercantile Business 19. Occupation Housewife Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive, but now dead. (c) Stillborn.

21. Did you use drops in baby's eyes at birth to prevent blindness? yes If not, why not?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was Born alive at Castalia NC. on the date above stated. (Born alive or stillborn) (Hour, a.m. or p.m.)

23. (Signature) Dr. A. L. Denton 24. P.O. Castalia NC. (State whether physician or midwife)

Given name added from supplemental report (25. Witness (Signature of witness necessary only when 23 is signed by mark)

June 24 1925 26. Filed June 24 1925 27. L. R. Brawwell Local Registrar
L. R. Brawwell Registrar 28. P.O. Castalia NC.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

DECEASED

NOT FOR OFFICIAL USE

NOT FOR OFFICIAL USE

NOT FOR OFFICIAL USE

NOT FOR OFFICIAL USE

NOT FOR OFFICIAL USE



Army of the United States

CERTIFICATE OF SERVICE

NOT FOR OFFICIAL USE

THIS IS TO CERTIFY THAT

NOT FOR OFFICIAL USE

JOHN E DICKENS T 7 864 FLIGHT OFFICER AIR CORPS

HONORABLY SERVED IN ACTIVE FEDERAL SERVICE IN THE ARMY OF THE UNITED STATES FROM

8 SEPTEMBER 1944

TO 5 SEPTEMBER 1946

NOT FOR OFFICIAL USE

GIVEN AT SEPARATION CENTER FORT BRAGG NORTH CAROLINA

ON THE 5TH DAY OF SEPTEMBER

1946 WM M DELANEY LT COL FA

MILITARY RECORD AND REPORT OF SEPARATION—CERTIFICATE OF SERVICE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL DICKENS JOHN E.			2. ARMY SERIAL NUMBER T 7 864	3. AUS. GRADE F/O	4. ARM OR SERVICE AC	5. COMPONENT AUS
6. ORGANIZATION 306TH BOMB GROUP			7. DATE OF RELIEF FROM ACTIVE DUTY 5 SEP 46	8. PLACE OF SEPARATION SEPARATION CENTER FORT BRAGG NC		
9. PERMANENT ADDRESS FOR MAILING PURPOSES CASTILIA N C			10. DATE OF BIRTH 23 JAN 25	11. PLACE OF BIRTH CASTALIA NC		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE BOUGHT SEE 9			13. COLOR EYES GREY	14. COLOR HAIR BROWN	15. HEIGHT 5 - 8	16. WEIGHT 160 lbs.
17. NO. OF DEPENDENTS 0			18. CIVILIAN OCCUPATION AND NO. STUDENT COLLEGE X-02			
19. RACE WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/>		20. MARITAL STATUS SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/>		21. U.S. CITIZENSHIP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

NOT FOR OFFICIAL USE

22. REGISTERED SELECTIVE SERVICE DATA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			23. LOCAL S. S. BOARD NUMBER 2	24. COUNTY AND STATE NASH CO N C	25. HOME ADDRESS AT TIME OF ENTRY ON ACTIVE DUTY SEE 9
--	--	--	-----------------------------------	-------------------------------------	---

26. DATE OF ENTRY ON ACTIVE DUTY 8 SEP 44	27. MILITARY OCCUPATIONAL SPECIALTY AND NO. PILOT B-17 1091
--	--

NOT FOR OFFICIAL USE

28. BATTLES AND CAMPAIGNS
EUROPEAN AFRICAN MIDDLE EASTERN THEATER RIBBON NORTHERN FRANCE GERMANY

29. DECORATIONS AND CITATIONS
AIR MEDAL PER GO 322 HQ 1ST AIR DIV

30. WOUNDS RECEIVED IN ACTION
NONE

31. SERVICE SCHOOLS ATTENDED COLLEGE TRAINING DETACHMENT B-17 PILOT TRAINING			32. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN		
			DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
			7 MAR 45	ENGLAND	21 MAR 45
33. REASON AND AUTHORITY FOR SEPARATION RELD FR AD WD RRI-I (DEMOB) LO GQ CAMP KILMER N J 17 JUL 46			7 JUL 46	USA	15 JUL 46

NOT FOR OFFICIAL USE

34. CURRENT TOUR OF ACTIVE DUTY			35. EDUCATION (YEARS)		
CONTINENTAL SERVICE	FOREIGN SERVICE		GRAMMAR SCHOOL	HIGH SCHOOL	COLLEGE
YEARS 0 MONTHS 7 DAYS 19	YEARS 1 MONTHS 4 DAYS 9		7	4	7/12

INSURANCE NOTICE

IMPORTANT: If premium is not paid when due or within thirty-one days thereafter, insurance will lapse. Make checks or money orders payable to the Treasurer of the U. S. and forward to Collections Subdivision, Veterans Administration, Washington 25, D. C.					
36. KIND OF INSURANCE Nat. Sec. U. S. Govt. <input checked="" type="checkbox"/> None <input type="checkbox"/>	37. HOW PAID Allotment <input checked="" type="checkbox"/> Direct to V. A. <input type="checkbox"/>	38. EFFECTIVE DATE OF ALLOTMENT DISCONTINUANCE SEP 46	39. DATE OF NEXT PREMIUM DUE (one month after 38) OCT 46	40. PREMIUM DUE EACH MONTH \$ 6.40	41. INTENTION OF VETERAN TO Continue <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/>

42. SIGNATURE OF OFFICER BEING SEPARATED JOHN E. DICKENS	43. REMARKS LAPEL BUTTON ISSUED AMERICAN THEATER RIBBON WW 2 VICTORY MEDAL O T L FR 22 JUL 46 TO 5 SEP 46 ASR SCORE (2 SEP 45) - 48 OCCUPATION MEDAL (GERMANY)	44. PERSONNEL OFFICER (Type name, grade and organization - signature) EUGENE E DUNCAN CAPT AUS EUGENE E DUNCAN
---	--	--

NOT FOR OFFICIAL USE

WD AGO FORM 53, 88 1 NOVEMBER 1944
This form supersedes all previous editions of WD AGO Forms 53 and 280 for officers entitled to a Certificate of Service, which will not be used after receipt of this revision.

FILED FOR RECORD THE 30 DAY OF SEPT A. D. 19 46 AT 2 O'CLOCK P. M.
WM S RUNN TITLE REGISTER OF DEEDS.

NOT FOR OFFICIAL USE

REGISTRATION DISTRICT NO. 064-00 LOCAL NO. _____

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3 COPY 1 FOR STATE VITAL RECORDS 4-14
death is reported by a physician or other person authorized by the medical examiner within 5 days after death.
released, and route copy 2 to Chief Medical Examiner. If a pending file Sup. has been obtained.
FUNERAL DIRECTOR: Copy 1 must be completed and filed with the Local Registrar within 5 days after death. Copy 3, when signed by the medical examiner is your authorization for final disposition.

1. NAME OF DECEASED John Edwards Dickens		2. SEX Male		3. DATE OF DEATH April 11, 1982	
4. COLOR OR RACE White	5a. STATE OF BIRTH N. C.	5b. COUNTY OF BIRTH Nash	6. DATE OF BIRTH (Month, Day, Year) Jan. 23, 1925	7. AGE IN YEARS LAST BIRTHDAY 57	8. IF UNDER 1 YEAR: MONTHS, DAYS
9a. PLACE OF DEATH COUNTY Nash	9b. CITY OR TOWN Castalia	10. NAME OF HOSPITAL OR INSTITUTION		11. IF HOSP OR INST (Specify DOA, Enter the Institution/O.P.)	12. INSIDE CITY LIMITS (Specify Yes or No) Yes
13a. RESIDENCE-STATE N. C.	13b. COUNTY Nash	13c. CITY OR TOWN Castalia	14. STREET AND NUMBER OR RFD NO.		15. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. CITIZEN OF WHAT COUNTRY? USA		17. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) divorced		18. SURVIVING SPOUSE (if wife give maiden name)	
19. SOCIAL SECURITY NUMBER 245-20-2421		20. USUAL OCCUPATION (and of whom some during most of previous year) Finance officer		21. KIND OF BUSINESS OR INDUSTRY Technical Institute	
22. FATHER'S NAME John Henry Dickens		23. MOTHER'S MAIDEN NAME Mayme Edwards		24. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) yes	
25. INFORMANT'S NAME AND ADDRESS Dr. Carl W. Dickens 533 S. Wingate St., Wake Forest, N. C.				26. RELATION TO DECEASED brother	
27. PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a) OR (b) OR (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH.					
28. (a) IMMEDIATE CAUSE CVA					
29. (b) DUE TO, OR AS A CONSEQUENCE OF Extensive Atherosclerosis					
30. (c) DUE TO, OR AS A CONSEQUENCE OF Hypertension					
31. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (List in Part I).					
32a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (Specify)		32b. DESCRIBE HOW INJURY OCCURRED (State nature of injury in Part I)		33. AUTOPSY (SPECIFY): YES OR NO NO	
34. TIME OF INJURY: MONTH, DAY, YEAR, HOUR		35. PLACE OF INJURY (at home, farm, street, factory, office, etc.)		36. CITY OR RFD, COUNTY, STATE	
37. MEDICAL EXAMINER CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION IN MY OPINION DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					
38. DEATH OCCURRED (HOUR) 0500 hrs		39. THE DECEDENT WAS PRONOUNCED DEAD (DATE) APRIL 11 1982		40. DATE SIGNED (MONTH, DAY, YEAR) 4-11-82	
41. SIGNATURE <i>[Signature]</i>		42. ADDRESS Nash General Hospital		43. MEDICAL EXAMINER OF (Specify County) Edgecombe / Nash	
44. BURIAL, CREMATION, OTHER (Specify)		45. NAME OF CEMETERY OR CREMATORY		46. LOCATION (CITY, TOWN OR COUNTY) STATE	
47. FUNERAL HOME Johnson, 1912 Sunset Ave., Rocky Mount, NC		48. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		49. LICENSE NO. 2114	
50. DATE REC'D BY LOCAL REG. 04-13-82		51. SIGNATURE OF REGISTRAR <i>[Signature]</i>		52. SIGNATURE OF EMBALMER (if embalmed) <i>[Signature]</i>	
53. LICENSE NO. 231					