REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5956
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No.
(b) Township Primary Registration District No. Registered No. 167
(c) City St. Joseph, (d) Street No. St. Joseph's Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 3 yrs. 2 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 400 Barbara Jean Dilley,
(a) Residence, No. 1019 Olive St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 17, 1935
7. AGE: YEARS 3, MONTHS 2, DAYS 3; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child,
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri, 0 0

FATHER
13. NAME Benjamin Dilley,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg, Missouri, 0

MOTHER
15. MAIDEN NAME Millie May Hyder,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmira, Missouri,

17. INFORMANT (ADDRESS) Benjamin Dilley 1019 Olive Street,
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn DATE Feb'y. 25, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton-Bergal & Bowman 319 So. 10th. Str. Funeral Home
20. FILED Feb 21, 1939 A. J. Hettlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby/20th, 1939
22. I HEREBY CERTIFY, That I attended Viewed deceased from Feb, 21st, 1939, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia following a cold,
Date of onset
107a
Other contributory causes of importance:
Malnutrition
Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. W. Tadlock, Coroner, M. D.
(Address) King Hill Bldg,

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Feby 20, 193

....., or by ✓

Registered Apprentice No. ✓, working under my personal supervision.

Signed W. E. Sommerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.