

REC'D JUN 8 1939

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

17642

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Ray Primary Registration District No. 100
(c) City W.C. Mo. (d) Street No. General Hospital #2 Registered No. 2044
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

463 Freeland Dillard
(a) Residence, No. 1509 Harrison 3rd 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 Male 4. COLOR OR RACE Colored 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) 8-4-1906
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur
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) Kansas

FATHER 13. NAME Anderson Dillard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER 15. MAIDEN NAME Anna Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Record Clerk General Hosp18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 5-16-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Living & Brady 1513 Frost20. FILED May 16 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10, 1939
22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1939, to 5-10, 1939
I last saw him alive on 5-10, 1939. Death is said to have occurred on the date stated above, at 11:00 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Coronary, 9/10
Sclerosis
Other contributory causes of importance:
Pulmonary Congestion
and Edema.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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?
If so, specify _____
(Signed) J. O'Brien, M. D.
(Address) General Hospital #2

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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