

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

38445
Do not use this space.
4209

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kansas City, Mo. Primary Registration District No. 1002
 (c) City St. Lukes Hosp. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 LOUIS F. DION
 (a) Residence, No. 1921 East 45th St. K.C. Mo. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Dion
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-18-1893
 7. AGE YEARS 46 MONTHS 1 DAYS 14 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Checker
 9. Industry or business in which work was done, as saw mill, bank, etc. K.C.C. - C.B.Co.
 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) Illinois
 FATHER 13. NAME Louis E. Dion
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada
 MOTHER 15. MAIDEN NAME Josephine
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record
 17. INFORMANT (ADDRESS) Mrs. Louis F. Dion
1921 East 45th St. K.C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Hill DATE 11-4-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Gault
918 Brooklyn K.C. Mo.
 20. FILED 11/3 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1939 to Nov 2, 1939
 I last saw him alive on 11-2-39. Death is said to have occurred on the date stated above, at 10 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Lymphoma Date of onset 11-2-39
hypertension
 Other contributory causes of importance:
 Name of operation Date of operation
 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
 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) C. L. Gault, M. D.
 361 (Address) 1032 Prof Bld

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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 C. H. Wise

Licensed Embalmer No. 2570

P. O. Address 918 Brooklyn

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.