FILED APR 25 1940

S. No. 2
-11-10-39
5-17-39
P I X21492

97

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12550

State File No.

Registration District No. 799 Primary Registration District No. 60 37B Registrar's No. 17

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Saline Cambridge Twp

(b) ~~City or town~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Emma Elizabeth Dee 600

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife David

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September, 22, 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Saline Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Stephen Dilley
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Elizabeth Dennis
15. Birthplace Don't know (City, town, or county) (State or foreign country) 9

16. (a) Informant Aubrey Dee
(b) Address Gilliam Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Slater Mo

18. (a) Signature of funeral director Jones and Salzer
(b) Address Slater Mo.

19. (a) 3-15 (Date received local registrar) (b) W. M. Tuttle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1940 hour 5 minute 0 PM

21. I hereby certify that I attended the deceased from 2-28-40, 1940 to 3-13, 1940
that I last saw her alive on 3-11-, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia Lobar	
Due to	
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
(Specify type of place)
While at work? (e) Means of injury

23. Signature M B Kitchen (M. D. ~~or other~~)
Address Glasgow Date signed 3-13-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 4-16-40

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.