

FILED JUN 10 1940

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

17864

Do not use this space.

1. PLACE OF DEATH 3
- (a) County BUCHANAN Registration District No. 85
- (b) Township 8 Primary Registration District No. 1001 Registered No. 503
- (c) City ST. JOSEPH (d) Street No. STATE Hosp #2 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 yrs. 3 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Albert Stanton Dillon
- (a) Residence, No. State Hospital # 2 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 Rosa (Goodwin)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1889

7. AGE YEARS 50 MONTHS 9 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. B.R. engineer
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) Ky

FATHER 13. NAME Fielding Dillon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Emma Hunt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Ina King, 5618 Beek's Rd., Mission Hills, Kan.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE K.C. Mo. DATE May 5, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R.V. Lindley & Sons, K.C. Mo.

20. FILED 5/4/40 19 J.G. Neill Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1940 to May 3, 1940

I last saw him alive on May 3, 1940 Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset ?

Other contributory causes of importance:

Chronic myocarditis ?

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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) J. J. Dell M. D.

(Address) St. Joseph, Mo.

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.