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

FILED JUL 22 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25989

Registration District No. 677 Primary Registration District No. 4403 Registrar's No. 78

1. PLACE OF DEATH:

(a) County Phelps

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

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

(d) Length of stay: In hospital or institution 2 hours (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

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

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

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

3. (a) PRINT FULL NAME Helen Dillman 455

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Shelby Dillman

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased January (Month) 17th (Day) 1907 (Year)

8. AGE: Years 33 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Salem (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Condon
13. Birthplace WEAVERLY (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Margaret Short
15. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Shelby Dillman

(b) Address Stellevilla Mo R 2

17. (a) Pleasant Point (Burial, cremation, or removal) (b) Date thereof June 26th 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Point

18. (a) Signature of funeral director Jas H Hallow

(b) Address Cuba, Missouri

19. (a) June 26, 1940 (Date received local registrar) (b) Jos. F. Ayers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1940 hour 1 minute 22 P. M.

21. I hereby certify that I attended the deceased from June 25, 1940 to June 25, 1940 that I last saw her alive on June 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Complete crush of the head on the right side from the eye along the temporal and parietal bones from a falling limb from a cut tree. The only witness was the husband who cut the tree.

Due to

Due to

Duration

Other conditions (Include pregnancy within 3 months of death)

1940

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide, or homicide~~ (specify) Accident

(b) Date of occurrence June 25, 1940

(c) Where did injury occur Rural Crawford (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 610 on farm (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert McFarland (M. D. or other)

Address Rolla Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 5,
District File Number 740 794
Date Filed 22 40

Signed Jas H Hollow

Licensed Embalmer No. 3643

P. O. Address Cuba, Missouri

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.