

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28781**

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper, Missouri
(b) City or town _____
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community 22 years (Specify whether years, months or days) 11571

8. (a) PRINT FULL NAME John Joseph Dillon
8. (b) If veteran 0 name war _____
8. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased April 1, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Kerry County, Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Barber - Retired

11. Industry or business _____
12. Name David Dillon
13. Birthplace Ireland
14. Maiden name Mary Hartman
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Dillon
(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 8-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Thomas D. Dillon
(b) Address Joplin, Mo. 372
19. (a) 8-13-40 (b) [Signature]
(Date received final certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1514 Kentucky
(If rural, give location)
(e) If foreign born, how long in U. S. A? 58 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11th
year 1940 hour 12:35 minute 9 P.M.

21. I hereby certify that I attended the deceased from July 31, 1940 to August 11, 1940
that I last saw him alive on August 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 92

Major findings: Of operation none
Of autopsy _____

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

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed _____

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

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

40-9-366

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.....

Don Petrick

Licensed Embalmer, No. *4208*

P. O. Address *Joplin*

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.