No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 21 1940

State File No. 35153

Registration District No. 235 Primary Registration District No. 5320 4142 Registrar's No.

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Dadeville
(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 Dade
(c) City or town Dadeville
(If outside city or town limits, write "RURAL")
0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Harrison Dill
3. (b) If veteran, name war
3. (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 Mary E. Dill
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Dec. (Month) 8 (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	10	28	hr. min.

9. Birthplace Dadeville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer 0
11. Industry or business 9
FATHER
12. Name John Dill 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucie Morris
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant A. N. Dill
(b) Address Dadeville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 7 (Day) 1940 (Year)
(c) Place: burial or cremation Corry Cemetary
18. (a) Signature of funeral director Emmett Dunnaddie 212
(b) Address Dadeville Mo
19. (a) 11-6-1940 (Date received local registrar) (b) Morris Miller by B B Kirby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5 year 1940 hour 6 minute A M.
21. I hereby certify that I attended the deceased from Jan 15, 1940, to Nov 5, 1940; that I last saw him alive on Nov 4, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: nephritis	3 years
~~Due to~~ Contributory myocarditis	4 months
Due to	
Other conditions (Include pregnancy within 3 months of death) 121	

Major findings:
Of operations
Of autopsy No 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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature B B Kirby (M. D. ~~or other~~) 1
Address Dadeville Mo Date signed 11.6.40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number [redacted] 1140-2842
Date Filed NOV 12 1940

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 J. P. Dinwiddie

Licensed Embalmer No. 3786

P. O. Address Daleville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.