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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1941

Registration District No. 152

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42112

Primary Registration District No. 5216

Registrar's No.

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: East Lynne
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days): 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Cass
(c) City or town: East Lynnes
(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: Charles J. Dillon
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 18 (Day) 1860 (Year)

8. AGE: Years 80 Months — Days 12 If less than one day hr. min.

9. Birthplace: Benton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Lewis J. Dillon
13. Birthplace: (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name: Mary Elizabeth Phillips
15. Birthplace: (City, town, or county) Va. (State or foreign country)
16. (a) Informant: Chas Dillon
(b) Address: Pleasant Hill Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 31 - 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Strasburg
18. (a) Signature of funeral director: G. E. Hartzler
(b) Address: East Lynne Mo
19. (a) 12-31-1940 (Date received local registrar) (b) Mrs. Effie Stonebreaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30th year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 1 - 1940 to Dec 30 1940 that I last saw alive on Dec 1. 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Sclerosis. Chronic Nephritis
Due to: Chronic Myocarditis
Due to:
Other conditions (Include pregnancy within 3 months of death): 321

Major findings:
Of operations:
Of autopsy:

Duration

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?
While at work? (Specify type of place) (e) Means of injury:

23. Signature: J. A. Dodd (M. D. or other)
Address: Harrisonville Mo Date signed: Dec. 31 1940

(Licensed Embalmer's Statement on Reverse Side)

Scott

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 A. D. Hartzler

Licensed Embalmer No. 2717

P. O. Address East Lyme

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

If this body is not embalmed, above space should be left blank.