

Registration District No. 678

Primary Registration District No. 44604

Registrar's No.

81
3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps

(c) City or town St James
(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 William D Dillow

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 G Dillow 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 24 - 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12
year 1941 hour 6:30 minute 6 M.

21. I hereby certify that I attended the deceased from 1936 -
_____, 19____, to 6-12, 1941;
that I last saw h. in alive on 6-12, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 11 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Phelps Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Immediate cause of death T.B. Pulmonary

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) T.B.

11. Industry or business _____

MOTHER FATHER { 12. Name James Dillow

13. Birthplace June 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Green

15. Birthplace June 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mary G Dillow

(b) Address St James Mo

17. (a) Burial (b) Date thereof 6-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic cem

18. (a) Signature of funeral director W E Lockhard

(b) Address St James Mo

19. (a) 8-1-41 (b) Elice B. Doy
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy No

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 Elice B. Doy (M. D. or other) D

Address St James Mo Date signed 6-13-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health

Officer No. 5

District File Number

8411962

Date Filed

MAR 22 1934

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.....

me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Orville E. Lickeler

Licensed Embalmer No.

3546

P. O. Address

A. J. ...

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.