

Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **256**

MAILED OCT 21 1941

1. PLACE OF DEATH

(a) County **Boone**
(b) City or town **Columbia**
(c) Name of hospital or institution: **no**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no**
In this community **no** years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Albert Pendleton Dilts**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife **Sara Pearl Ratston Dilts** 6. (c) Age of husband or wife if alive **11** years

7. Birth date of deceased **Dec 11 1870** (Month) (Day) (Year)

8. AGE: Years **70** Months **9** Days **5** If less than one day **hr. min.**

9. Birthplace **Ralls Co MO** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **" "**

MOTHER FATHER { 12. Name **A.G. Dilts**

{ 13. Birthplace **MO** (City, town, or county) (State or foreign country)

{ 14. Maiden name **Luella Boran**

{ 15. Birthplace **MO** (City, town, or county) (State or foreign country)

16. (a) Informant **Helen D. Anderson**

(b) Address **Columbia MO**

17. (a) **Burial** (b) Date thereof **Sept 17 1941** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Grove Paris MO**

18. (a) Signature of funeral director **P. Ourreck**

(b) Address **Columbia MO**

19. (a) **9/17/41** (b) **Allie Selby** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia** (If outside city or town limits, write "RURAL")
(d) Street No. **4 Court St** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **16th** year **1941** hour **8** minute **A.M.**

21. I hereby certify that I attended the deceased from **Sept 1 - 1941** to **Sept 16 - 1941**; that I last saw him alive on **Sept 16 - 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
" Nephritis

Due to **Apoplexy 1925**

Other conditions **Apoplexy 1925** (Include pregnancy within months of death)

Major findings: Of operations **none** Of autopsies **none**

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.C. Suggitt** (M. D. or other) **MO**
Address **Columbia** Date signed **9-17-41**

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

10
2
4

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, ~~my~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Lyman H. Sprinkle

Licensed Embalmer No. *4013*

P. O. Address, *Columbia, Mo*

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, fact should be so stated above.