

BUREAU OF THE CENSUS
FILLED OCT 27 1941

Registration District No. 254

Primary Registration District No. 5355

Registrar's No. 13

1. PLACE OF DEATH: Daviess

(a) County: Daviess

(b) City or town: Rural, Benton Twp
(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: 67 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 31000

(a) State: Mo (b) County: Daviess

(c) City or town: Rural Benton Twp
(If outside city or town limits, write "RURAL")

(d) Street No.: 1 1/2 North West Of, Pattonsburg, Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME: Henry Barnette Dilley

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 I941
year _____ hour 9 minute P.M.

4. Sex: M (Color or race: W)

5. Color or race: W

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Mary Elizabeth Dilley

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Dec 13 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 1941, to Sept 29 1941;

that I last saw him alive on Sept 13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer, Prostate Duration

8. AGE: Years 71 Months 9 Days 16 If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation: Farmer

11. Industry or business: _____

Major findings: Of operations: 516

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name: John Dilley

13. Birthplace: Ohio (City, town, or county) (State or foreign country)

14. Maiden name: Mary Thomas

15. Birthplace: Virg (City, town, or county) (State or foreign country)

16. (a) Informant: Chas Dilley

(b) Address: Pattonsburg, Mo.

17. (a) Burial (b) Date thereof: 10 I 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: 100% cemetery

18. (a) Signature of funeral director: G. S. Brown

(b) Address: Pattonsburg, Mo.

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? _____

19. (a) Sept 30-41 (b) G. S. Brown
(Date received local registrar) (Registrar's signature)

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

23. Signature: Frank Hedger (M. D. or other) _____

Address: Pattonsburg, Mo. Date signed: 10/13

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

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 E. S. Gomer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.