

FILED FEB 11 1942
397

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6025 Walnut /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 6025 Walnut St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Jessie B. Dillenbeck

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. H. Dillenbeck 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 22 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	7	23	hr. min.

9. Birthplace Carrolton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name David Ball
13. Birthplace Northumberland Co. / Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Jane Austin
15. Birthplace Bedford Co. / Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Dillenbeck
(b) Address 6025 Walnut

17. (a) Burial (b) Date thereof 1-17-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 1-17-42 (b) H. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-15 day _____
year 42 hour 5:20 minute _____ P.M.

21. I hereby certify that I attended the deceased from 5-21 1942 to 1-15 1942
that I last saw h. alive on 1-12-42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 4 hrs
arteriosclerosis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 94a
Of 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Leis W. Melchior (M. D. number) 0
Address Phy. Med. Bldg. Date signed 1-16-42

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

Dr. Michael
2-15 - Prof. m...
12:30 hr
2-5

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 Clarence W. Phillips

Licensed Embalmer No. 3473

P. O. Address 76 e 760

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.