U. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27148

State File No.

Registration District No. 130 — Primary Registration District No. 5463 A — Registrar's No. 7

39
0
0

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

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Strafford R No 2 — Jackson 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 ..... In this community ..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Strafford R No 2 — 0

(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Allen Mortie Dillard

3. (b) If veteran, name war: no

3. (c) Social Security No. 491-12-0602

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Ruth A. Dillard

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: September 2 - 1883 (Month) (Day) (Year)

8. AGE: Years 58 | Months 11 | Days 23 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Carpenter

11. Industry or business: General Carpentry

MOTHER FATHER

12. Name: Allen W Dillard

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

14. Maiden name: Eliza Quick

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

16. (a) Informant: Ruth A Dillard

(b) Address: Strafford Mo R 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-29-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Elm Springs

18. (a) Signature of funeral director: Nick Lignoski Co

(b) Address: Springfield Mo.

19. (a) August 29/42 (Date received local registrar) (b) Garland Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 25 1942 to August 25 1942 and that I last saw him alive on August 25 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	24 hours
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: P. H. Foch (M. D. or other) MD

Address: Strafford Mo Date signed 8/26/42

1246 (Licensed Embalmer's Statement on Reverse Side)

HP

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 Roy Alcaum

Licensed Embalmer No. 1763

P. O. Address Springfield 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.