DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27979

State File No.

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 150

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 1405 Myra /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88 6 3

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

(d) Street No. 1405 Myra
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles S. Dilts

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 8th (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	0	12	hr. min.

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

10. Usual occupation Retired Painter

11. Industry or business Wabash R.R.

FATHER
12. Name Luther P. Dilts
13. Birthplace No data (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name No data
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. C. L. McWhorter

(b) Address Moberly, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 22nd (Day) 1942 (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly, Mo

19. (a) Aug 22-42 (Date received local registrar) (b) Irma Adol (Registrar's signature)

1006

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20th year 1942 hour 12 minute 45 AM.

21. I hereby certify that I attended the deceased from , 1941, to Aug. 20th, 1942 that I last saw him alive on Aug. 10th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning.

Due to Enlarged Prostate

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 137a

Of autopsy

Duration

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 O

23. Signature M. E. Lindley (M. D. ~~or other~~)

Address Moberly, Mo. Date signed 8/22/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 942-1760
Date Filed SEP 14 1942

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Mobile Ala

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. 2B
-21-41
X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 27979

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 150

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: (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 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charles S Dilts
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug (Month) 8 (Day) 1872 (Year)
8. AGE: Years 70 Months 0 Days If less than one day hr. min.
9. Birthplace: (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY