S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30643

State File No.

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not hospitalized /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

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3. (a) PRINT FULL NAME Walter Scott Dillex

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 0

5. Color or race cauc

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

6. (b) Name of husband or wife Cora Ellen Dillex

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December 17, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	8	26	hr. min.

9. Birthplace Edgerton, Kansas. /
(City, town, or county) (State or foreign country)

10. Usual occupation Creamery operator

11. Industry or business Holden Creamery Co.,

FATHER
12. Name Alfred Burton Dille
13. Birthplace unknown Ohio /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown Lemming
15. Birthplace unknown Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Ellen Dille
(b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof Sept 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.

19. (a) Sept. 15 (b)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER 13th
year 1942 hour 11-45 AM minute M.

21. I hereby certify that I attended the deceased from Oct 1939
19 to SEPT 13 1942
that I last saw him alive on SEPTEMBER 13 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Pulmonary Edema	6 hrs
Due to METASTATIC SKELETAL CARCINOMA	1 YR 8 mos
Due to PRIMARY CARCINOMA PROSTATE GLAND	
Other conditions (Include pregnancy within 3 months of death)	

51 b

Operation Trans. Restl

Major findings:
Of operations Prostate in 1939
Biopsy S.A. Adenoma
Of autopsy 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?
(Specify type of place)
While at work (e) Means of injury 0

23. Signature R. Thompson (M. D. or other)
Address Holden Mo Date signed 9-13-42

1002

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-8-42

NOV 19 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 M. L. Canaday

Licensed Embalmer No. 34/34

P. O. Address Holden, 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.