

FILED JAN 2 1942

351

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3730

Registrar's No. 13

Registration District No.

Primary Registration District No. 6189

1. PLACE OF DEATH:

(a) County TANEY  
(b) City or town TANEYVILLE MO.  
(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 90  
In this community all of her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME MAGGIE J. DILLON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife James J. Dillon 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased: Dec 17 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace TANEY Co. MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John E. Williams  
13. Birthplace Tenn.  
14. Maiden name Anna State  
15. Birthplace exact place unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Dillon

(b) Address Taneyville Mo.

17. (a) Burial (b) Date thereof Dec. 9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helping Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) Dec. 8-1942 (b) Jeannette Davis  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TANEY  
(c) City or town TANEYVILLE  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1942 hour 8 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 15 1942 to Dec 7 1942 that I last saw her alive on Dec 7 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor

Due to 107

Due to Heart Arteriosclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Forayth (M.D. or other) \_\_\_\_\_  
Address Forayth Mo. Date signed 12-8-42

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

16  
00

106  
00

RECEIVED

District Health Officer No. 6,

District File Number 143-119

Date Filed JAN 25 1943

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**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**