S. No. 2
—9-4-41
5-17-39
I X29484

48
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6533

FILED MAR 8 1943

Registration District No. 0

Primary Registration District No. 5572

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson 5 County Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 5 yrs. 10 mos. 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 0 0

(c) City or town Rural - Prairie (If outside city or town limits, write "RURAL")

(d) Street No. Jackson Co. Home (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MIKE DILLON

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 1 M

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased March (Month) 1 (Day) 1882 (Year)

8. AGE: Years 60 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

10. Usual occupation unknown

11. Industry or business unknown

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Records Jackson County

(b) Address Little Blue, Mo.

17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof 2-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation R.C. School Cemetery Anatomical

18. (a) Signature of funeral director N. B. Langford

(b) Address Lee's Summit Mo

19. (a) Feb. 16, 1943 (Date received local registrar) (b) F. M. Schick By Effie Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1943 hour 8:00 minute P M.

21. I hereby certify that I attended the deceased from April 10, 1937 to Feb 9, 1943 that I last saw him alive on Feb 9, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
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 J. W. Greene (M.D. or other)

Address Independence Mo Date signed 2/10-43

1162 (Licensed Embalmer's Statement on Reverse Side)

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 B Langford

Licensed Embalmer No. 3823

P. O. Address Lees Summit 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.