

S. No. 2
DM-2-43
5-17-39
1 X3585

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20325**
Registrar's No. **2523**

FILED JUN 24 1943
Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **110 12 days**
 In this community **25 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Willis Dilley**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **none**

4. Sex **male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **widower**
 6. (b) Name of husband or wife **Fannie E. Dilley**
 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **December 27th 1872**
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | 70 | 5 | 4 | hr. min. |

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

10. Usual occupation **Retired Fireman station**

11. Industry or business

12. Name **Henry Dilley**

13. Birthplace **Ohio**
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Ohio**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Minor Dilley**

(b) Address **826 North Prospect**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 3rd 1943**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn Ave.**

19. (a) **6-3-43** (Date received local registrar) (b) **M. M. Browne** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **518 N. Indiana**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31**
 year **43** hour **8** minute **15** A. M.

21. I hereby certify that I attended the deceased from **April 18 43** to **May 31 43**
 that I last saw him alive on **May 31 43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerotic heart disease**
 Due to
 Due to **93 D**
 Other conditions (Include pregnancy within 3 months of death)

Major findings: **Of operations**
 Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Dwight R. Johnson** (M. D. or other)
 Address Date signed

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 *Theron H. Redmon*
Licensed Embalmer No. *2737*
P. O. Address *K.C. 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.