

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40000
Registrar's No. 389

ED JAN 12 1944

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
2611 St. Marys Avenue
(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 _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma E. Dillinger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James M. Dillinger

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

7. Birth date of deceased September 28, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>2</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation XX

11. Industry or business XX

MOTHER FATHER {

12. Name Aaron Crane

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

14. Maiden name Susan Crane

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

16. (a) Informant James S. Dillinger

(b) Address 2611 St. Marys Hannibal

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12/24/43
(Month) (Day) (Year)

(c) Place: burial or cremation Henry County Reger Missouri

18. (a) Signature of funeral director W. M. Smith

(b) Address 302 Broadway Hannibal Missouri

19. (a) 12-22-43 (Date received local registrar)

(b) R. H. Conner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 2611 St. Mary's Avenue
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1943 hour 8 minute 20 A. 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.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

g3a!

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address [Address] Date signed 12-21-43

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.....

..... George T. Bond, Registered Apprentice No. 350,
working under my personal supervision.

Signed..... *Wm M. Smith*

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.