

FILED FEB 9 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2496

Do not use this space.

1. PLACE OF DEATH

(a) County Clark Registration District No. 70
(b) Township Folker Primary Registration District No. 5276
(c) City Rural or (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 78 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary A. Dill

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Dill (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 21, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
89 1 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Dec. 20, 1943 11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME James E. Eave

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Charlotte Kios

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) John Dill
Granger, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackledge emetery
Mt. Sterling, Iowa. DATE January 5, 1944

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Page
Farmington, Iowa.

20. FILED 1-11-43 19 Perry A. Boston
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 3, 1944

22. I HEREBY CERTIFY That I attended deceased from Dec 29, 1943 to Jan 3, 1944

I last saw h. s. x. alive on Jan 1, 1944 Death is said

to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance: 93d

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Perry A. Boston

(Address) Farmington, Iowa

RECEIVED

District Health Officer No. 10

District File Number ~~2-114-342~~

Date Filed FEB 8 1944

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, //////////

....., Registered Apprentice No.

working under my personal supervision.

Signed HC Page

Licensed Embalmer No. 1368

P. O. Address Farmington, Iowa

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, above space should be left blank.