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M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1944

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. 14147
Registrar's No. 334

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME Aaron H. Dillon

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (b) Name of husband or wife Eliza
7. Birth date of deceased July 27, 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 29
If less than one day hr. min.

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

10. Usual occupation Pensioner

11. Industry or business None

12. Name William T. Dillon

13. Birthplace Davies County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Julia A. Ford

15. Birthplace Davies, County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ford Dillon (Brother)

(b) Address 415 Virginia St., City

17. (a) Burial (b) Date thereof 3/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director John E. Krupp
(b) Address 6054 Pryor Ave., City

19. (a) 3-28-44 (b) Rose Helzlsouer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 317 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 Mar day 26 th
year 1944 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from on Mar 26, 1944, to Mar 26, 1944, that I last saw him alive on Mar 26, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death, Concussion of the brain, Fracture of sternum with laceration of the lung, Laceration of the scalp, Due to fatal internal hemorrhage and traumatic shock
Duration 1 day

Other conditions, include pregnancy within 3 months of death

Major findings, Man was struck and fatally injured by an automobile driven by another on Virginia Street.
Of autopsies, No. 1, Fake live near Virginia Street.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Mar 26, 1944
(c) Where did injury occur? St. Joseph, Buchanan Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On City street

While at work? no (Specify type of place)
(e) Means of injury Automobile

23. Signature H. F. Mundy (M. D. or other)
Address St. Joseph, Mo. Date signed 3-26-44

(Licensed Embalmer's Statement on Reverse Side)

1233

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

MOTHER FATHER

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, by
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.