No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1949

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16981

Registrar's No. 2266

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: 5240. ROCKHILL ROAD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 11 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5240. ROCKHILL ROAD 8
(If rural, give location)

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

If yes, name country ----- 0

3. (a) PRINT FULL NAME MRS. MAY SHOEMAKER DILLA

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. FRANK E. DILLA

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

7. Birth date of deceased OCTOBER (Month) 21 (Day) 1860 (Year)

8. AGE: Years 83 | Months ~~8~~ 7 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace WATERLOO (City, town, or county) INDIANA (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business -----

FATHER
12. Name EMANUEL ROGERS
13. Birthplace (City, town, or county) PENNSYLVANIA (State or foreign country)

MOTHER
14. Maiden name HARRIETTA J. MILLER
15. Birthplace (City, town, or county) OHIO (State or foreign country)

16. (a) Informant Geraldine P. Dilla
(b) Address 5240. ROCKHILL ROAD

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof MAY 26 1944 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-26-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1944 hour 1:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-29, 1944, to 5-25, 1944 that I last saw her alive on 5-24, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atherosclerosis of the coronary arteries	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertension + atherosclerosis	

Major findings:
Of operations GSC 2
Of autopsy enlargement of heart, atherosclerosis of the aorta, thinching of [illegible] mall

PHYSICIAN

Underline the cause to which death should be charged

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 C. Blinn Rector ~~(M.D. or other)~~ D.O.

Address 7204 prospect Date signed 5-25-44

(Licensed Embalmer's Statement on Reverse Side)

OCT 11 1941

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 H O Newcomer Jr

Licensed Embalmer No. 4043

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.