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42  
7.39  
K32873

FILED JUL 10 1944

Registration District No. 3002

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:  
Audrain Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Annie B. Dishman

3. (b) If veteran, name war None

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 John Dishman

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

7. Birth date of deceased January 6, 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 11  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Richard Harlow

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

14. Maiden name Victoria Greer

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

16. (a) Informant May Dishman

(b) Address Benton City, Mo.

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

(b) Date thereof June 18, 44  
(Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director Paul E. Puckard

(b) Address Mexico, Mo.

19. (a) June 16 - 44 (Date received local registrar)

(b) Margaret H. Machie (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1944 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from May 29 1944 to 6-16-44 1944  
that I last saw him alive on 6-15-44 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Carcinoma pancreas.  
Obstruction common bile duct

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Carcinoma head of pancreas.

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Frank Kelley (M. D. or other) MO

Address Mexico, Mo. Date signed 6/16/44

1014

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

MAR 9 1948

JAN 17 1958

RECEIVED  
District Health Officer No. 10  
District File Number 7-44-1235  
Date Filed JUL 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, or by.....

.....Earl E. Precht....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....Earl E. Precht.....  
Licensed Embalmer No. 3189  
P. O. Address.....Mexico, 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.