S. No. 2
M—8-43
6-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

Registration District No. 373

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6270

State File No. 29045

Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Webster
(b) City or town: Rural - Union township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether years, months or days) In this community 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Webster
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Union township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: X

3. (a) PRINT FULL NAME: Lawrence Orem Dill
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Pearl Dill
6. (c) Age of husband or wife if alive: 29 years
7. Birth date of deceased: October - 3 - 1915 (Month) (Day) (Year)

8. AGE: Years 30 | Months 9 | Days 28 | If less than one day X hr. X min.

9. Birthplace: Webster County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farm
FATHER
12. Name: Jake Dill
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Maz Beach
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Pearl Dill
(b) Address: Niangua Mo
17. (a) Burial (Burial, cremation or removal) (b) Date thereof: 8-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Black Oak
18. (a) Signature of funeral director: Ray Fanning
(b) Address: Marshfield Mo
19. (a) Aug 20-44 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1944 hour 6 minute AM.
21. I hereby certify that I attended the deceased from 7-28, 1944 to 8-1, 1944 that I last saw h. — alive on 7-31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary T.B.
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 13 pl
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: J. W. Lindsey (M. D. or other) MD
Address: Conway Date signed 7-5-44

1344 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 944-1011
Date Filed SEP 7 1944

OCT 2 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.