

P. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED OCT 5 1944
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3875**

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

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: **St. Luke's Hospital** **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 hours,**
(Specify whether years, months or days)

In this community **40 years,**

3. (a) PRINT FULL NAME **Mrs. Jessie H. Dillon**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married,**

6. (b) Name of husband or wife **George W. Dillon**

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

7. Birth date of deceased **September 23 1884**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	0	0	hr. min.

9. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home,**

11. Industry or business **x**

MOTHER, FATHER

12. Name **Wendel Hempel,**

13. Birthplace **unknown,** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Henrietta**

15. Birthplace **unknown,** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **George W. Dillon,**

(b) Address **4235 Locust St., Kansas City, Mo.**

17. (a) Burial **(b) Date thereof** **9-26-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) 9-26-44 **(b) P. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson, 48**

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

(d) Street No. **4235 Locust Street,**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **x**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **23**
year **1944** hour **10:05** minute **P.M.**

21. I hereby certify that I attended the deceased from **May-16 1944** to **Sept 23 1944**
that I last saw him alive on **Sept 23 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage 4 hrs.**

Due to **Hypertension.**

Due to **Chronic Nephritis.**

Other conditions **13 15**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **13 15**

Of autopsy

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? _____

23. Signature **H. P. Baughman M.D.**
(Specify type of place) (e) Means of injury

Address **K.C. 2 Mo.** Date signed **9/27/44**

361

Dr. Boughnow

*Med. Plaza
Bldg.*

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.....

S. J. Allen

.....
Licensed Embalmer No. *1415-*

P. O. Address.....

H. C. 9109

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.