

FILED DEC 18 1944

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 298

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirkville Benton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirkville Novinger
(If outside city or town limits, write "RURAL")
 (d) Street No. RFD-Novinger
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Roda M Dillie

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife A. D. Dillie 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased October 7 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>2</u>	hr. _____ min.

9. Birthplace Macon County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Domestic

12. Name Joseph Dysart

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

14. Maiden name DK
 15. Birthplace DK
(City, town, or county) (State or foreign country)

16. (a) Informant Odis Williams
 (b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 11/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collet Cemtery

18. (a) Signature of funeral director DeWitt Funeral Home

(b) Address Kirkville, Mo.

19. (a) 11-13-44 (b) Mrs. J. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
 year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 1
 1944 to Nov 9 1944
 that I last saw her alive on Nov 9 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration

2 days

Due to _____

Due to _____

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury ?

23. Signature C. L. Marten (M. D. or other) MD
 Address Kirkville Date signed 11/13/44

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

RECEIVED

District Health Officer No. 10

District File Number 12-44-2061

Date Filed DEC 15 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..... Bowden Besty.....

Licensed Embalmer No. 4379.....

P. O. Address Kirkville, 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.