

FILED JAN 13 1945

State File No.

Registration District No.

Primary Registration District No. 5846

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Elmo (Rural - Lincoln) 7 mi
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 miles N.E.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
41 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Elmo (Rural - Lincoln)
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 miles N.E.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Chester Ellsworth Dilley

MEDICAL CERTIFICATION

December 20

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

20. DATE OF DEATH: Month December day 20
year 1944 hour 3 minute A. M. :

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married

21. I hereby certify that I attended the deceased from Oct 25
1944 to Dec 20 1944
that I last saw him alive on Nov 17 1944
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Martha Dilley 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased December 8 1882
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of the stomach
Duration 2 yrs

8. AGE: Years 82 Months 0 Days 12 If less than one day
hr. min.

Due to

9. Birthplace Page County Iowa
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations 46

12. Name Marcus M. Dilley

Of autopsy

13. Birthplace Kenn. 1
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name Catherine Nizely
(City, town, or county) (State or foreign country)

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Dilley

(b) Address Elmo, Missouri

17. (a) burial (b) Date thereof 12-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Semetery Elmo

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

(b) Address Marionville Mo

19. (a) Dec 22 1944 (b) Wm W Carpenter
(Date received local registrar) (Registrar's signature)

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 Wm W Carpenter (M. D. or other)

Address Marionville Mo Date signed 12/24/44

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

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..... *John W. Price*.....

Licensed Embalmer No. *3229*.....

P. O. Address *Maryville 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.