

6. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 12 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 14

Registration District No. 270

Primary Registration District No. 3050

1. PLACE OF DEATH:  
(a) County Pemiscot  
(b) City or town Cynthiaville  
(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 \_\_\_\_\_)  
In this community 35 years (Specify whether \_\_\_\_\_)  
years, months or days

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

3. (a) PRINT FULL NAME Lottie Belle Dillman  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 31  
year 1945 hour 10 minute 30 P M.  
21. I hereby certify that I attended the deceased from Jan 28 1945, to Jan 31 1945  
that I last saw h. e alive on Jan 30 1945  
and that death occurred on the date and hour stated above.

4. Sex 7 / 1 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife W. Dillman 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased April 16 1871  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Sudden  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 73 Months 9 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

10. Usual occupation Housewife

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

12. Name Louis Weyman

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

14. Maiden name Lucy Lindley

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

16. (a) Informant Weyman Dillman  
(b) Address Cynthiaville, Mo.

17. (a) Buried (b) Date thereof 2-2-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cynthiaville, Mo.

18. (a) Signature of funeral director W. J. ... Co.  
(b) Address Cynthiaville, Mo.

19. (a) 3-3-1945 (b) Jessie H. Markey  
(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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23: Signature W. J. ... (M. D. or other) \_\_\_\_\_  
Address Cynthiaville Mo Date signed 2/7/45

1206

(Licensed Embalmer's Statement on Reverse Side)

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

2-45-51

**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 Macl C. Deane

Licensed Embalmer No. 3941

P. O. Address Couchmanville

**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.**