. S. No. 2
M—9-4-41
v. 5-17-39
I 29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 11153

Registration District No. 318 Primary Registration District No. Registrar's No. 3941

1. PLACE OF DEATH:

(a) County LENOX HOTEL

(b) City or town 9th + WASHINGTON AVE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST-LOUIS. MO 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 48 3

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

(d) Street No. 69th St. 32 West, NR.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ARTHUR K. DILL.

3. (b) If veteran, name war

3. (c) Social Security No. 372-10-5179

4. Sex MALED

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife ~~VIOLET~~ Louise Pauline

6. (c) Age of husband or wife if alive ~~57~~ 58 years

7. Birth date of deceased Aug (Month) 25 (Day) 1885 (Year)

8. AGE: Years 59 Months 8 Days 8 If less than one day hr. min.

9. Birthplace SIDNEY (City, town, or county) OHIO 1 (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business U.S. RUBBER Co.

12. Name FRANK DILL

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

14. Maiden name M. F. FRY

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

16. (a) Informant Mrs. A. R. Dill

(b) Address 32 West 69th St

17. (a) ~~BURIAL~~ REMOVAL (Burial, cremation, or removal) (b) Date thereof MAY 3 1945 (Month) (Day) (Year)

(c) Place: burial or cremation KANSAS CITY MO

18. (a) Signature of funeral director Cullen - Kelly

(b) Address 4086 Lindell

19. (a) MAY 3 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3 year 1945 hour 2 minute 40 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to 94a

Other conditions
(Include pregnancy within 3 months of death)

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 3

23. Signature Alfred Perry (M. D. or other)

Address Clifford Crown Date signed 4/3/45

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 394I

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for Arthur K. Dill, died ~~born~~ May 3- 1945, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 6 should read Louise Pauline Dill
Instead of Violet Dill
Item No. 6c should read Age 58
Instead of 59
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

Corrected 5-11-45

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Cuffen Kelly
Lil J. A. Lammerbrun
Relationship.
4386 Lindell
Present Address.

Subscribed and sworn to before me this 11th day of May, 1945

My Commission expires My Commission Expires January 25, 1943 Ella C. Mack, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—4-43
X36667

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