. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14260

Registration District No. 2 FILED MAY 21 1945

Primary Registration District No. 3054

Registrar's No.

82
2
1

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 516 N 6th St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 56 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Louisiana 2 (If outside city or town limits, write "RURAL")

(d) Street No. 516 N 6th 1 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Clyde M Dillender

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Jessie Dellender

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb 26 (Month) 1888 (Day) (Year)

8. AGE: Years 56 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Louisiana (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Grocer Merchant

11. Industry or business Retail

FATHER
12. Name Milton Dellender
13. Birthplace Liberty (City, town, or county) Ky (State or foreign country) 1

MOTHER
14. Maiden name Mary Elizabeth Walters
15. Birthplace Pike Co (City, town, or county) Ill (State or foreign country) 1

16. (a) Informant Roy Dellender

(b) Address R 2 D Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1-45 (Month) (Day) (Year)

(c) Place: burial or cremation Riverview

18. (a) Signature of funeral director J C Haley Jr

(b) Address Louisiana Mo

19. (a) 4/30/45 (Date received local registrar) (b) J C Haley Jr Dept (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1945 hour 11 minute 50 a M.

21. I hereby certify that I attended the deceased from 1944 to 4-29-1945 that I last saw him alive on 4-29-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Glioma of brain

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 5 40

Major findings: Of operations Glioma

Of autopsy None

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) None

(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

23. Signature [illegible] (M. D. or other)

Address Louisiana Mo Date signed 4/30/45

1169

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-45-780
Date Filed MAY-10-1945

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 George O. Hagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.