

FILED APR 17 1945

Registration District No. _____

Primary Registration District No. 6-1-52A

Registrar's No. 11

1. PLACE OF DEATH:

(a) County STODDARD
(b) City or town RURAL (Liberty Twp)
(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 _____)
In this community 2 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County STODDARD
(c) City or town RURAL
(If outside city or town limits, write "RURAL") _____
(d) Street No. DEXTER R#1
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN ALEXANDER DILBECK

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LULA DILBECK 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased MAY 6 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace PANDOLPH CO ARK
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

12. Name NO RECORD
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant MRS LULA DILBECK
(b) Address DEXTER, MO.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 3/22/45
(Month) (Day) (Year)
(c) Place: burial or cremation POPULAR BLUFF, MO.

18. (a) Signature of funeral director PLANNERSHIP-STRIKLAND
(b) Address DEXTER, MO.

19. (a) 3-26-1945 (Data received local registrar) (b) NORA SMITH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar., day 25, year 1945 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from March 10, 1945 to Mar. 25, 1945
that I last saw him alive on Mar. 23, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous Nephritis
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 131K
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? _____ (c) Means of injury _____
23. Signature A. Cannon (M.D. or other) DO
Address DEXTER Date signed 3/26/45

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

100

1134

RECEIVED
District Health Office No. 2
District File Number 415-534
Date Filed 4/7/43

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 _____

Licensed Embalmer No. 3479

P. O. Address _____

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.