S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 21 1945

State File No. 2300 24151

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 170

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1325 So. Osage 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA J. DILDINE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Dildine

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

7. Birth date of deceased December 24, 1860 (Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Camp Creek, (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Jemison
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Evelyn Sears
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. George Grayer
(b) Address Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Roland R. Spraker
(b) Address Independence, Missouri

19. (a) 6-11-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1945 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 15, 1945, to June 11, 1945, that I last saw her alive on 19.45 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio-Pneumonia (Terminal)	3 days
Due to	
Due to	
Other conditions Senility & Cachectia (Include pregnancy within 3 months of death)	

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Major findings:
Of operations No operation
Of autopsy No autopsy

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

23. Signature C. H. Allen M.D. (M. D. or other)
Address Independence Mo. Date signed 6-11-45

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(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. Roland B. Speaks

Licensed Embalmer No. 8604

P. O. Address Indep. 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.