S. No. 2
M—8-43
7. 5-17-39
P I X37823

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

State File No. 24295

FILED AUG 10 1945

Registration District No. _____ Primary Registration District No. 3032 Registrar's No. 63

1
2
2

1. PLACE OF DEATH:
(a) County Johnson.
(b) City or town Warrensburg, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 208 E. Market St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 85yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Johnson. 51
(c) City or town Warrensburg. MO. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 208, E. Market. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Harry Dillard.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Edna Dillard

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. (Month) 28, (Day) 1854. (Year)

8. AGE: Years 90 Months 6 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Lynch (City, town, or county) Va. 1 (State or foreign country)

10. Usual occupation retired Merchant

11. Industry or business _____

MOTHER FATHER

12. Name William S. Dillard.

13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name LaVenia Greenlee.

15. Birthplace Rockbridge Co. (City, town, or county) Va. 1 (State or foreign country)

16. (a) Informant Edna Dillard.
(b) Address Warrensburg. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill Cem.

18. (a) Signature of funeral director Sweeney Phillips.
(b) Address Warrensburg. Mo.

19. (a) July 11, 1945 (Date received local registrar) (b) Leola M Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1945 hour 7:70 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 7, 1945, to July 9, 1945, that I last saw him alive on July 9, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 2yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of 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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C B Johnson MD (M. D. or other)
Address Warrensburg, Mo. Date signed July 10, 45

1001 (Licensed Embalmer's Statement on Reverse Side)

MAR 25 1949

MAR 25 1949

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 R. Q. Phillips, Registered Apprentice No.....,

working under my personal supervision.

Signed R. Q. Phillips

Licensed Embalmer No.....

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.