

FILED NOV 3 1945

State File No. _____

Registration District No. 233

Primary Registration District No. 4348

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Hellsville Mo
(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 4 1/2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Susan Dillon

3. (b) If veteran, name war 4

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 28 year 1945 hour 4 minute 159 M.

21. I hereby certify that I attended the deceased from May 15-45 to Oct 28, 1945, to Oct 27, 1945; that I last saw her alive on Oct 27, 1945 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race W.

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

6. (b) Name of husband or wife David H. Dillon 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Oct 29 1869
(Month) (Day) (Year)

Immediate cause of death Coronary atherosclerosis

Due to 1st degree stenosis 540ms

Due to Chronic atherosclerosis 290ms
partial paralysis

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

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

76 11 29 hr. min.

9. Birthplace Montgomery Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name John F. Beard

13. Birthplace Richmond, Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Anna Beard

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Beaton Dealers

(b) Address Hellsville Mo

17. (a) Burial (b) Date thereof 10-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hellsville Mo

18. (a) Signature of funeral director H. B. Wells

(b) Address Hellsville Mo.

19. (a) 10-29-45 (b) Thos Meritt
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy UPW

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 R. G. Hartford (M. D. or other)

Address Hellsville Mo Date signed Oct 29 1945

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-2-45

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 Self.

....., Registered Apprentice No.
working under my personal supervision.

Signed K.B. Mullen

Licensed Embalmer No. 1588

P. O. Address Nellaville, 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.