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

FILED DEC 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 138157

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 290

1. PLACE OF DEATH:
(a) County PETTIS 80
(b) City or town SEDALIA 6
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 228 WEST SALINE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community LIFE 4

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS 80
(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")
(d) Street No. 228 WEST SALINE 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LUCY ANN DIRCK
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife EDWARD M. DIRCK
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 14 (Day) 1879 (Year)

8. AGE: Years 66 Months 7 Days 13 If less than one day hr. min.

9. Birthplace PETTIS CO. (City, town, or county) MISSOURI 0 (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name MILTON RODGERS
13. Birthplace (City, town, or county) TENN. 1 (State or foreign country)

MOTHER
14. Maiden name JANE WOOD
15. Birthplace SPRINGFIELD (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant MRS. HERBERT BELLMER
(b) Address SEDALIA, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/29/45 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL
18. (a) Signature of funeral director Leo Dillard
(b) Address Sedalia Mo.
19. (a) 10/29/45 (Date received by local registrar) (b) A. J. Campbell (Registrar's signature)

1486

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 27 year 1945 hour 12 30 minute a M.

21. I hereby certify that I attended the deceased from June 12, 1945 to Oct 27, 1945 that I last saw her alive on 10/26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Lungs

Due to Carcinoma Breast

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 50

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)
(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 J. H. Boyer (M. D.)
Address Sedalia Mo. Date signed 10/29/45

RECEIVED
District Health Officer No. 8
istrict File Number 12-6-45
Date Filed

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 Geo Dillan

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.