

Registration District No. 254 Primary Registration District No. 4385-

1. PLACE OF DEATH:
 (a) County Oregon
 (b) City or town Koshkonong Big Apple Trsd.
 (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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Oregon 75
 (c) City or town Koshkonong
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Beverly Fern Dills
 3. (b) If veteran, name war -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 21
 year 1946 hour 10 minute 10 P. M.
 21. I hereby certify that I attended the deceased from Jan 21
 _____, 1946, to Jan 21, 1946
 that I last saw him alive on Jan 20
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Nov. 29 1945
 (Month) (Day) (Year)

Immediate cause of death Pneumonia
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	-	1	22	hr. _____ min.

9. Birthplace Koshkonong Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Infant

MOTHER FATHER
 11. Industry or business _____
 12. Name Harold Dills
 13. Birthplace Koshkonong Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Bertha Perkins
 15. Birthplace Koshkonong Missouri
 (City, town, or county) (State or foreign country)
 16. (a) Informant Harold Dills
 (b) Address Koshkonong, Missouri
 17. (a) Burial 1/22/46 (b) Date thereof 1/22/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Koshkonong, Mo.
 18. (a) Signature of funeral director Leo Dan
 (b) Address The var, Mo.
 19. (a) 3/13/46 (b) Major Thomas
 (Date received local registrar) (Registrar's signature)

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 0
 23. Signature Major Thomas (M. D. or other) M.D.
 Address Major Thomas Date 3-9-46
Cooper

Duration _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

9130

RECEIVED

District Health Officer No. 5,
District File Number 246261
Date Filed 3-18-46

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.....

3 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.