

LED AUG 13 1946

Primary Registration District No. 6208 Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County Deppas  
(b) City or town Rural Oak  
(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 5 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Deppas  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Calista Belle Dilley

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 married

6. (b) Name of husband or wife Eugene Dilley 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April 6 1871  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jasper Co. Ind!  
(City, town or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name David Britchard

13. Birthplace John Co. Ind!  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Scoggs

15. Birthplace Clay Co. Mo!  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Dilley  
(b) Address Yorkon

17. (a) Burial (b) Date thereof 7/8/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Creek  
18. (a) Signature of funeral director Gaylord V. E. Platt  
(b) Address Houston Mo

19. (a) 7-10-1946 (b) M. J. Craig  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1946 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1940 to July 5, 1946  
that I last saw her alive on July 4, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolus in main of sup. 3 years

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 100%

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) no 70  
(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 Lester K. Ball (M. D. or other) MD  
Address Licking Mo Date signed 7-8-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5

District File Number 846461

Date Filed 8-9-46

AUG 19 1946

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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..... Frank E. Wood.....

Licensed Embalmer No. 4026.....

P. O. Address..... Houston, 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.