

FILED SEP 12 1946
Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANN MARIAH DILLINER

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 IRA DILLINER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH - 29 - 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 2
If less than one day hr. min.

9. Birthplace Appanoose County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME WORK

12. Name William J Buck

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

14. Maiden name NANCY JANE HUDSON

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

16. (a) Informant Ann Dilliner

(b) Address Unionville, Mo.

17. (a) BURIAL (b) Date thereof SEPT-3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation THOMPSON CEMETERY

18. (a) Signature of funeral director Camstock Funeral Home

(b) Address Unionville, Mo. By J. W. Cantor

19. (a) 9-5-46 (b) Marshall D. Durbin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Putnam
(c) City or town Unionville
(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 -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 1
1946 to Aug 31, 1946

that I last saw her alive on Aug 31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 hours
Duration

Due to arteriosclerosis & hypertension

Due to chronic glomerulonephritis 20 year

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

Major findings: Of operations 131A

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 2

23. Signature Charles F. Judd (M. D. or other) Dr
Address Unionville, Mo Date signed 9-1-46

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

25880

OCT 2 1946

RECEIVED
District Health Officer No. 10
District File Number 9-46-1237
Date Filed SEP 11 1946

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 James W Comstock
Licensed Embalmer No. 4197
P. O. Address Unionville, 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.