V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1946

State File No. 33505

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4254

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 4
(If outside city or town limits, write "RURAL")

(d) Street No. 6708 Winner Rd. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Dillon

3. (b) If veteran, name war no

3. (c) Social Security No. 707-10-0115

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July (Month) 19 (Day) 1879 (Year)

8. AGE: Years 67 Months 42 Days 18 If less than one day hr. min.

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

10. Usual occupation R.R. Brakeman

11. Industry or business Millwalkee R.R.

FATHER
12. Name Winfred Dillon
13. Birthplace No Record 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Gladden
15. Birthplace No Record 9 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Gladys Dillon
(b) Address 6708 ~~Index Ave~~ Winner Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Laredo Mo

18. (a) Signature of funeral director J. P. Sheil
(b) Address Kansas City Mo

19. (a) 10-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1946 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from Oct. 5, 1946 to Oct. 7, 1946
that I last saw him alive on Oct. 7, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral vascular accident	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83 a	
Of autopsy None	

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 0

23. Signature O Brandon Hull (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 10-7-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Menahan

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 J. P. Sheil

Licensed Embalmer No. 3625

P. O. Address K. C. 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.