

FILED **SEPT 1 1946**  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3052

Registrar's No. 392

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 months  
In this community Entire Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 723 West 7th  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6  
year 1946 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from  
Sept 1944 to Oct 6  
that I last saw h. alive on Oct 3  
and that death occurred on the date and hour stated above.  
Duration 19 46  
46

Immediate cause of death: Broncho-pneumonia. 10 days  
Due to Congestive Lung  
w/te infection.

Other conditions: Cerebral Vasc. 24 hr.  
Psychitis  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 93A  
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 \_\_\_\_\_

23. Signature Betty Yeager (M.D. or other) 11/5  
Address Sedalia Mo Date signed 10/8/46

3. (a) PRINT FULL NAME Margaret L. Dillard

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 J. G. Dillard 6. (c) Age of husband or wife if alive 91 years

7. Birth date of deceased May 20 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 4 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hughesville, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

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

12. Name Chas. E. Clopton

13. Birthplace Pettis County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Fernalia H. Gorrell

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

16. (a) Informant Mrs. F. B. Long

(b) Address 723 West 7th, Sedalia, Mo.

17. (a) Burial (b) Date thereof 10-8-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Monte, Mo.

18. (a) Signature of funeral director Mrs. Dillard

(b) Address Sedalia

19. (a) 10/8/46 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

251 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 3,

District File Number.....

Date Filed 10-19-46

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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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia 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.**