. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1947

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3502

State File No. 23267

Registrar's No. 119

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Mexico.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether
In this community: 90 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Audrain
(c) City or town: Mexico,
(If outside city or town limits, write "RURAL")
(d) Street No.: 1005 S. Clark
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 90 yrs

3. (a) PRINT FULL NAME: Albert G. Dillard

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: W O

5. Color or race: W

6. (a) Single, widowed, married, divorced: W 2

6. (b) Name of husband or wife: Alice Smith

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

7. Birth date of deceased: Dec (Month) 26 (Day) 1856 (Year)

8. AGE: Years: 90 Months: 7 Days: 5 If less than one day: ____ hr. ____ min.

9. Birthplace: Audrain Co, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: _____

FATHER
12. Name: Robert Dillard
13. Birthplace: (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Dinke
15. Birthplace: (City, town, or county) S. Carolina (State or foreign country)

16. (a) Informant: Miss Ruby Dillard
(b) Address: Mexico, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 2, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Laddonia Cem.

18. (a) Signature of funeral director: Chas Arnold Jr.
(b) Address: Mexico, Missouri

19. (a) Aug 2-1947 (Date received local registrar) (b) Blanche Lee Reeb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 31
year: 1947 hour: 2 minute: 30 P.M.

21. I hereby certify that I attended the deceased from July 27, 1947, to July 31, 1947; that I last saw him alive on July 31, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure — Duration: 48 hrs
Due to: myocarditis chronic
Due to: senility

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

Major findings:
Of operations: 0
Of autopsy: 0

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: 0

23. Signature: G. Kellenbach (M. D. or other)
Address: Mexico, Mo Date signed: 8-1-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-47-4016
AUG - 6 1947
Date Filed

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 Everett R Heed

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.