No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

27653

FILED SEP 8 1947

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3682

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

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: 3033 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3033 Forest 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret F. DILLARD
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joshua D. Dillard
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July (Month) 1, (Day) 1879 (Year)

8. AGE: Years 68 | Months 1 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace Kansas City, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At home

FATHER
12. Name Edward P. Trickett
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mr. Joshua D. Dillard
(b) Address 3033 Forest, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 8-27-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-26, 1946 to 8-25, 1947
that I last saw her alive on 8-25-, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL HEMORRHAGE	2 da.
Due to —	
Due to —	
Other conditions HEMIPLEGIA (Include pregnancy within 3 months of death)	1¼ yrs.
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause of 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

23. Signature H. Spiller (M. D. or other) DO
Address 2603 East 31 Date signed 8/26/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

PR. W.P. SPILLE
2603 E. 31ST.
WA. 8223

1:30
2:00

3100 Pacific
Va. 7076

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. Russell N France

Licensed Embalmer No. 4255

P. O. Address Kosmo

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.