S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1947

Registration District No. 369

Primary Registration District No. 3043

State File No. 42342

Registrar's No. 415

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town ~~2701 Boling~~ Hannibal (If outside city or town limits, write "RURAL") 3

(d) Street No. 2701 Boling Avenue (If rural, give location) 4

(e) Citizen of foreign country? (Bowling) (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Florence Idela Dillman

3. (b) If veteran, name war

3. (c) Social Security No. 492-24-0956

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Roy Dillman

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased December 26, 1900 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 46 | 11 | 20 | hr. min. |

9. Birthplace Hull Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Packer

11. Industry or business International Shoe Company

FATHER

12. Name John Samuel Leonard

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

MOTHER

14. Maiden name Nettie Aten

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

16. (a) Informant William Roy Dillman

(b) Address 2701 Boling Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/47 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director [illegible] Mo

(b) Address 902 Broadway Hannibal Missouri

19. (a) 12-16-47 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6 year 1947 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from 15 Dec, 1947, to 6 Dec, 1947 that I last saw her alive on 6 Dec, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Diffuse Brain Injury with Edema | |
| Due to Basal skull fracture | |
| Due to | |
| Other conditions Fracture right hip (Include pregnancy within 3 months of death) | |

Major Of operations

Of autopsy

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) Accident Fell from automobile 119

(b) Date of occurrence 5 December 1947

(c) Where did injury occur? Hannibal (City or town) Marion (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Market Street in Hannibal Mo (Specify type of place)

(e) While at work? No (f) Means of injury Fell from auto

23. Signature Menrick J Coller (M. D. ~~or other~~)

Address Hannibal Mo Date signed 9 Dec/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Lyman W. Steele, Registered Apprentice No. 460, working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

**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.**

# Verdict of Jury

We the jury find that Mrs Florence Dillmann came to her death by falling from the left rear door of a taxi on to the pavemant

James O'Donnell

James O'Donnell,
Coronor Marion County,
Missouri

42342
1947