

Registration District No. 499

Primary Registration District No. 1002

Registrar's No.

75

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: 4328 Belleview  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)  
In this community 40 years

3. (a) PRINT FULL NAME ROBERT E. DILLON

3. (b) If veteran, name war No 3. (c) Social Security No. 496-26-4630

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Dillon 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased September 25, 1879  
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation Dispatcher

11. Industry or business K. C. Fire Department

12. Name John Dillon

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

14. Maiden name Johanna Hunt

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

16. (a) Informant Mrs Mary Dillon

(b) Address 4328 Belleview

17. (a) Burial (b) Date thereof Jan 5 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Surk & Cohen

(b) Address 20 West Linwood

19. (a) 1-7-48 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4328 Belleview  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day Jan  
year 1948 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from March 1947 to Jan 1 1948  
that I last saw him alive on Dec 23 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
Due to myocardial infarction  
Due to Coronary Sclerosis  
Other conditions Emphysema  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy 43 1/2

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 Don Carl West (M. D. or other)  
Address 1500 Prof. Bldg Date signed 1-5-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.