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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr Wakeman 4505

State File No.

Registrar's No. 196

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1641 E. Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1641 E. Olive 6
(If rural, give location)
(e) Citizen of foreign country?: (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: William F. Dillard
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Pearl Dillard
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 12 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	7	20	hr. min.

9. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Farmer
FATHER
12. Name: Winfield Dillard
13. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name: Josephine Watterson
15. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant: Pearl Dillard
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Danforth
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 3-5-48 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1948 hour 10 minute 45 a. M.
21. I hereby certify that I attended the deceased from August 1947 to 2 March 1948, that I last saw him alive on 1 March 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Nephritis Chronic	6 Mon.
Due to: Hypertrophy of Prostate & Urinary Retention	3 Mon
Due to: Hypertension Chronic	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None
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: 0
I, J. Newton Wakeman (M. D. or other), attended the deceased from August 1947 to March 1948 and last saw him alive on March 1 1948. Death occurred at 10:45 a.m. on March 2 1948 from the causes stated above.
Signature: J. Newton Wakeman (M. D. or other)
Address: Springfield, Mo. Date signed: 4 Mar 48

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.