S. No. 2
I—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1948

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5345

State File No. 11975

Registrar's No. 32

1. PLACE OF DEATH:

(a) County: Dade

(b) City or town: Rural; Sac Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 miles West of Dadeville
(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: Dade 29

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 5 miles West of Dadeville 0
(If rural, give location)

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

If yes, name country: None 0

3. (a) PRINT FULL NAME: George Verbal Dill

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

3. (c) Social Security No.: No

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Lottie Green Dill

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

7. Birth date of deceased: February (Month) 14 (Day) 1880 (Year)

8. AGE: Years 68 | Months 1 | Days 4 | If less than one day: hr. min.

9. Birthplace: Dade County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farm

MOTHER FATHER

12. Name: John Dill

13. Birthplace: 0 Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Louanza Morris

15. Birthplace: 0 Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant: Joe Dill

(b) Address: Ft. Scott, Kansas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-21-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Corry Cemetery

18. (a) Signature of funeral director: Sam E. Senseney Jr.

(b) Address: Greenfield, Mo.

19. (a) 4-9-49 (Date received local registrar) (b) Geo R. Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1948 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from Mar 5, 1948, to March 15, 1948, that I last saw him alive on March 5, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General debility	
Bronchial Pneumonia	10 days
Due to Extreme debility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: B B Kirby (M. D. or other)

Address: Dadeville Mo. Date signed 4-5-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Vital Statistics Officer No. 6,
District Number 448-425
Date Filed MAR 16 1938

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 Sam E. Sweeney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.