

FILED JUL 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23989

Registration District No. 314

Primary Registration District No. 6067

Registrar's No. 15

## 1. PLACE OF DEATH:

(a) County St. Clair  
 (b) City or town Rural Speedwell  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 5 years  
 years, months or days)

3. (a) PRINT FULL NAME Mary Lynch Dilts

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife William Dilts 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased February 25, 1870  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>4</u>	<u>22</u>	— hr. — min.

9. Birthplace Terre Haute Indiana  
(City, town, or county) (State or foreign country)10. Usual occupation housewife

## 11. Industry or business

12. Name John Lynch 4  
 13. Birthplace Ireland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Spinkles  
 15. Birthplace Indiana  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lloyd E. Dilts  
(b) Address Lebanon Kansas17. (a) Burial (b) Date thereof 7/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Grove Cemetery18. (a) Signature of funeral director Lewis & Son(b) Address Schell City, Mo.19. (a) July 19, 1948 (b) Mrs Sarah E. Gray  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair  
 (c) City or town Rural Speedwell Township  
 (If outside city or town limits, write "RURAL") (If rural, give location)  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1948 hour 5 minute \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from July 17, 1948 to July 17, 1948  
that I last saw him alive on July 17, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Carcinoma of StomachDue to Do not know

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations noneOf autopsy no

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
 (b) Date of occurrence no  
 (c) Where did injury occur? no  
 (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) Means of injury road23. Signature J. W. Richardson (M. D. or nurse)  
Address 914 1/2 N. 1st St. St. Clair Date signed 7-19-48

Duration

Post Mortem

## PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 831

Date Filed 7-16-48

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 Marion M. Lewis  
Licensed Embalmer No. 3084  
P. O. Address Schell 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.