No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26724

FILED AUG 31 1948

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 237

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Blue Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #1 Baker Road, Independence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Rural Blue Township
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1 Baker Rd., Indep.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GRACE R. DILLEE
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 Single
6. (b) Name of husband or wife ----------
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased January (Month) 31, (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	6	6	hr. min.

9. Birthplace Barton County, (City, town, or county) Kansas (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name George W. Dillee
13. Birthplace (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Mary Ann Scott
15. Birthplace Carroll County, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr. A.K. Dillee
(b) Address Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.
18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri
19. (a) 8-9-48 (Date received local registrar) (b) James [illegible] (Registrar's signature) 3543

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th, year 1948 hour 5 minute 50 P. M.
21. I hereby certify that I attended the deceased from Jan 1948, 19..., to Aug 7 - 1948, that I last saw her alive on Aug 7 - 48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia (Terminal)	2 das
~~Due to~~ Carcinoma of breast c metastasis to skeleton +	5 yrs
Due to brain -	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none
Of autopsy Ca breast

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
23. Signature R. F. Gard MD (M. D. or other)
Address Independence Mo Date signed 8-8-48

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 Roland P. Sparks

Licensed Embalmer No. 3604

P. O. Address Independence, 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.