S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26849

FILED AUG 23 1948

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 88

51
2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Johnson County

(b) City or town Warrensburg, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 801 N. College Residence 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 years, months or days) 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg, Mo. (If outside city or town limits, write "RURAL") 2

(d) Street No. 801 N. College (If rural, give location) 2 0

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

If yes, name country

3. (a) PRINT FULL NAME Henry Clay Dillon

3. (b) If veteran, name war None

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary Ann Dillon,

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 10th. 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	0	hr. min.

9. Birthplace Warsaw, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Gateman, Missori Pacific R.R.

11. Industry or business

FATHER

12. Name Alexendra Dillon,

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

MOTHER

14. Maiden name Mary Ellen Harmon,

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

16. (a) Informant Mrs. Mary Dillon, Wife.

(b) Address 801 N. College, Warrensburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12th. 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill.

18. (a) Signature of funeral director R. A. Brauninger

(b) Address Warrensburg, Missouri

19. (a) Aug 14, 1948 (Date received local registrar) (b) Savannah Mitchell (Registrar's signature) 1117 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th year 1948 hour 7 P. minute M.

21. I hereby certify that I attended the deceased from July 7 1948, to Aug 10 1948; that I last saw him alive on Aug 10 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 month
Due to: Hypertensive Cardio-Vascular disease	2 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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

23. Signature Chapman M.D. (M. D. or other)

Address Warrensburg, Mo. Date signed 8-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1944

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 me

..... Registered Apprentice No.....

working under my personal supervision.

Signed R. W. Baumunger

Licensed Embalmer No. 3377

P. O. Address: Warrensburg, 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.