FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3925

State File No. 32748

Registrar's No. 38

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

1. PLACE OF DEATH:
(a) County: Newell
(b) City or town: West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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: 12 yrs

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo. (b) County: Howell
(c) City or town: West Plains Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Anna Belle Dillinger
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: A. C. Dillinger
6. (c) Age of husband or wife if alive: 46 years
7. Birth date of deceased: 6-26-1904 (Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 6 If less than one day hr. min.

9. Birthplace: Izard Co. Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: J. N. Moss
13. Birthplace: Arkansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Nattie Lieg
15. Birthplace: Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant: A. C. Dillinger
(b) Address: West Plains Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof: 9-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Newell Valley
18. (a) Signature of funeral director: Robertson
(b) Address: West Plains, Mo
19. (a) Oct 21-1948 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 394

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12 year 1948 hour 6 minute 100A A.M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilatation of the heart	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 95C	
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: 3

23. Signature: Mayne C. Hornbuckle Coroner (M. D. or other)
Address: West Plains, Mo. Date signed: 9/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-23-48
District Health Officer No. 5,
District File Number 1048665
Date Filed 10-23-48

OCT 25 1948

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 George R. Drago

Licensed Embalmer No. 4480.

P. O. Address West Plains

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.