

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33852**
Registrar's No. **334**

Registration District No. **376**

Primary Registration District No. **6074**

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

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Desloge, Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Desloge
(If outside city or town limits, write "RURAL")
 (d) Street No. 109 South Main
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CARMEN DILLARD
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 18th.
 year 1948 hour 4 minute 00 P.M.
 21. I hereby certify that I attended the deceased from Jan 1946
 _____, 19 _____, 19 _____
 that I last saw him alive on Oct 18, 19 48
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Luther Dillard
 6. (c) Age of husband or wife if alive 51 years
 7. Birth date of deceased November 1, 1903
(Month) (Day) (Year)

Immediate cause of death
Arteriosclerotic heart disease
& decompensation
Diabetes mellitus
 Due to _____
 Due to _____
 Other conditions Nephrosis
(Include pregnancy within 9 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>11</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Crowford County, Mo _____
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Harlin Bates
 13. Birthplace Iron County, Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Emma Jenkerson
 15. Birthplace Washington, County, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Sutton
 (b) Address Desloge, Mo

17. (a) Burial (b) Date thereof Oct. 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Ceme

18. (a) Signature of funeral director Sparks

(b) Address Flat River, Mo

19. (a) 10-20-48 (b) Cather Rudloff
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy 61
 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 _____
 23. Signature J. L. Foster (M. D. or other) MD
 Address Desloge, Mo Date signed 10-19-48

RECEIVED

Health Officer No. 4
File Number 1048-132
Date Filed 10-25-48

NOV 16 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 *Murphy Sparks*

Licensed Embalmer No. *4236*

P. O. Address *Flat River 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.