

No. 2
-12-45
-17-39
X47070

State File No.

FILED DEC 1 1948 3
Registration District No. 3

Primary Registration District No. 4474

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
Residence-Sweet Springs, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 2 years & 9 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Sweet Springs 3
(If outside city or town limits, write "RURAL")

(d) Street No. 104 Elm Dr. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARY ELIZABETH DILLON

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1948 hour 3 minute 15 A. M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife William A Dillon

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 1 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 18 to Nov 16, 1948
that I last saw her alive on Nov 16, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

71 5 16 hr. min.

Immediate cause of death Aneurysm Duration

Due to Hypertensive Cardiovascular-renal disease 20 yrs

Due to

9. Birthplace Champaign, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

11. Industry or business

12. Name Chas. L. Owens

13. Birthplace Posey County, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Ivy Alben

15. Birthplace Remley, West Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. William Hill

(b) Address Sweet Springs, Mo.

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?

17. (a) Burial (b) Date thereof 11-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs, Mo.

(e) Means of injury.....

23. Signature W. G. Parsons (M. D. or other)
Address Sweet Springs, Mo Date signed 11/17/48

18. (a) Signature of funeral director L. F. Parker

(b) Address Sweet Springs, Mo.

19. (a) 11/18/48 (b) Dolly Andrew
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-29-48

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 _____

L. F. Parker
Licensed Embalmer No. 3840

P. O. Address South Springs, N.

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.