

11-16-39
5-17-39
I X21492

NOV 20 1940

Registration District No. 667 Primary Registration District No. 440 Registrar's No.

1. PLACE OF DEATH:
(a) County Pelliss
(b) City or town Lammont
(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 20
In this community 40 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME LAURA P. DILLON
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F. 5. Color of race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Richard Dillon 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased June 6 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 70
If less than one day hr. min.

9. Birthplace Berlin Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

MOTHER FATHER
12. Name Joseph Noelin
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joe Clark
(b) Address Warrensburg Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Lammont Mo

18. (a) Signature of funeral director B. F. Cannon
(b) Address Lammont Mo

19. (a) 10-17-40 (b) B. F. Cannon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pelliss
(c) City or town Lammont
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 16th
year 1940 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1939, to Oct 16, 1940
that I last saw her alive on Oct 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Delexemia
Due to
Due to

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
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) (e) Means of injury
23. Signature H. W. Grady (M. D. or other)
Address Quincy Mo Date signed Oct 17 1940

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

Date Filed 11-8-40
District File Number
District Health Officer No. 8
RECEIVED

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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, above space should be left blank.