

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38724

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 931

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
(Specify whether
In this community 17 years
years, months or days)

3. (a) PRINT FULL NAME Emry S. Dilday
3. (b) If veteran, name war no
3. (c) Social Security No. 491-03-2480

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Violet H. Dilday 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Sept. 27 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 1 22 hr. min.

9. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant Manager

11. Industry or business Olendorf Sign Co.

MOTHER FATHER
12. Name John Dilday
13. Birthplace Dade County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cleo Pondexter
15. Birthplace Dade County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Violet H. Dilday
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Nov. 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 11-22-40 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. Seminole Drive
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1940 hour 8 minute a. m.

21. I hereby certify that I attended the deceased from Nov 19 1940, to Nov 19 1940, that I last saw him alive on Nov 19 1940 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Yangrenous Appendicitis

Due to 121

Due to Acute Respiratory Paralysis

Other conditions and Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations Acute Appendicitis
Of autopsy Acute Appendicitis Anemia (Anesthetic)

Duration 11 hrs
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? 984

(Specify type of place) _____
(e) While at work? _____ (f) Means of injury _____

23. Signature W. E. Handley MD (M. D. or other) MD
Address Springfield, Mo. Date signed 11-19-40

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. Washburn Gorman

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.