

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

30106

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 5 1942

Registration District No. 71 Primary Registration District No. 3012-5287 Registrar's No. 140

24
0
6

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

1. PLACE OF DEATH:

(a) County. Clay

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

(c) Name of hospital or institution: at home of Mrs. J. O. Dillen
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. all of her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Clay 24

(c) City or town. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME SAMANTHA Dillen

3. (b) If veteran, name war L

3. (c) Social Security No. C

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd
year 1942 hour 9 minute 45 P.M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Robert E. Lee Dillen

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

7. Birth date of deceased. Sept 16 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 2nd 1942 to Sept 2 1942
that I last saw h. alive on Sept 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral apoplexy

Duration 3 days

8. AGE: Years 72 yr Months 11 Days 16 If less than one day hr. min.

Due to Acute Endocarditis ?

Due to

9. Birthplace. Ray County Mo. 0
(City, town, or county) (State or foreign country)

Other conditions. (Include pregnancy within 3 months of death)

10. Usual occupation. Housewife

Major findings: 918

Of operations

Of autopsy

11. Industry or business

12. Name John Frakes

13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Polly Allen

15. Birthplace Ray Co. Mo. 0
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Anna Tucker

(b) Address Excelsior Springs Mo

17. (a) Burial (b) Date thereof 9/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director W. J. ...

(b) Address Excelsior Springs Mo

19. (a) 9-3-42 (b) Mrs Sadie Redman
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) (e) Means of injury 2

23. Signature Giffitt, ... D. O.
Address Excelsior Mo Date signed 9/3/42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-2-42

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 Me

C. V. Gibson, Registered Apprentice No. _____,
working under my personal supervision.

Signed C. V. Gibson

Licensed Embalmer No. 2299

P. O. Address Orrick 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.