

FILED FEB 7 1944

Registration District No. **97**

Primary Registration District No. **5353**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County **Dallas**
(b) City or town **Rural Jackson Twp**
(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 _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Dallas**
(c) City or town **Zebland Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MILLIE CHARLOTTE DILL**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **/**
6. (b) Name of husband or wife **Charlie Dill** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **Feb 7 1879**
(Month) (Day) (Year)

8. AGE: Years **64** Months **10** Days **10** If less than one day hr. _____ min. _____

9. Birthplace **Thorp Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Francis Angley**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Ann**
15. Birthplace **Zebland Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charlie Dill**
(b) Address **Zebland, Mo.**

17. (a) ~~Place~~ (b) Date thereof **Dec 17 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Thorp**

18. (a) Signature of funeral director **L B Jones**
(b) Address **Buffalo Mo**

19. (a) **Jan 28-1944** (b) **Imad S. Horne**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **17** year **1943** hour **3** minute **3 P.M.**

21. I hereby certify that I attended the deceased from **was called** and that death occurred on the date and hour stated above. **she was dead when I arrived, 12-17-1943**
that I last saw her _____ alive on _____ 19____;
Immediate cause of death **Dead when I arrived. Never saw her before, don't know cause of death**

Due to **Cause of death**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **2000**

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature **W D Timmer** (M.D. or other) **MD**

Address **Buffalo, Mo.** Date signed **1-11-44**

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

30
0
0

1124

RECEIVED

District Health Officer No. 7,

District File Number 1-44-5

Date Filed 2-2-44

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 Morris B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.