

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 22 1945
Registration District No. 175

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10055**
Registrar's No. 20

Primary Registration District No. 5650

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Rural Spring River Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: None hospital or institution (Specify whether
In this community Twenty two years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Spring River Township (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME James Marion Dill
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex M 5. Color or race H 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma V. Dill 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased November 18 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 21
year 1945 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from June 1944
1945 to 2-21 1945
that I last saw him alive on 2-21-45 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>	<u>3</u>	<u>3</u>hr.min.

Immediate cause of death
Myocarditis 6 mo
Pulmonary Edema 1 wk
Due to Rodent ulcer Rt ear with bacterial 2 yrs
Due to metabolic involvement 2 mo
Other conditions (Include pregnancy within 3 months of death)
Major findings: 53
Of operations
Of autopsy

9. Birthplace Lawrence Co Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
12. Name William Dill
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Martha Morris
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Emma V. Dill
(b) Address R 1 Monett Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Prine City Mo cemetery
18. (a) Signature of funeral director Ball always
(b) Address Monett Mo
19. (a) 2-22-45 (Date received local registrar) (b) James Dill (Registrar's signature)

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?
While at work? (Specify type of place) (c) Means of injury
23. Signature F. J. Moennighoff (M. D. or other)
Address Monett Mo Date signed 2/22/45

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 345-347
Date Filed MAR 21 1945

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 J. D. Buchanan
Licensed Embalmer No. 3179

P. O. Address Monett 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.