

FILED OCT 7 1946

Registration District No. 5

Primary Registration District No. 4014

Registrar's No.

1. PLACE OF DEATH:

(a) County Aitchison  
(b) City or town Fairfax  
(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 9 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Aitchison  
(c) City or town Fairfax  
(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 EMMA MINNIE KATHERINE DILL

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years  
7. Birth date of deceased January 17 1881  
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name Dietrich Dill

13. Birthplace Hamburg Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Helene Kirchner

15. Birthplace Hansau Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. J. Seymuer

(b) Address Fairfax, Missouri

17. (a) Burial (b) Date thereof 9/24/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge, Fairfax

18. (a) Signature of funeral director Thermin W. Schaefer

(b) Address Fairfax, Missouri

19. (a) 9-22-46 (b) Mrs H. O. Cunningham  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 21  
year 1946 hour 5 minute P. M.

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

Immediate cause of death STRANGULATION BY HANGING Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 164A

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) SOICIDE

(b) Date of occurrence SEPT 21 1946

(c) Where did injury occur? FAIRFAX AITCHISON MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME

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

23. Signature Thos F Fay M.D. (M. D. or other)

Address Carrollton Date signed 9-21-46

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

MOTHER FATHER

JAN 25 1950

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**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 *Marvin H. Schaefer*

Licensed Embalmer No. *4162*

P. O. Address *Lafayette, Missouri*

**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.**