. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10242

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 114

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs. 45 min. (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 315 N. Quincy 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Hattie Lela Dillard

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 Married
6. (b) Name of husband or wife Leslie
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March (Month) 21 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
59	11	27	hr. min.

9. Birthplace Chariton Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name James Ray
13. Birthplace Cooper Co. (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Unkown
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant Leslie Dillard
(b) Address Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Geo Dillard
(b) Address Sedalia, Mo.
19. (a) 3-19-47 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18 year 1947 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from Feb 1946 to 3-17-1947 that I last saw her alive on 3-17-1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 3 Mon.
Due to Nephritis Sized yrs.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature A. J. Campbell (M. D. ~~or other~~) M.D.
Address Sedalia Mo Date signed 3-19-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-14-47

NOV 1 1958

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.