S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

Registration District No. 47

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20899

Primary Registration District No. 1002

Registrar's No. 2629

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5417 MYRTLE AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 44 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 5417 MYRTLE AVENUE 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: ROSA MARY DILLON
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: ALBERT S. DILLON
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: AUGUST (Month) 8 (Day) 1866 (Year)

8. AGE: Years 80 | Months 10 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace: PULASKI COUNTY (City, town, or county) TENNESSEE (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business .....
MOTHER FATHER
12. Name: WILLIAM G. GOODWIN
13. Birthplace: SHELBYVILLE (City, town, or county) TENNESSEE (State or foreign country)
14. Maiden name: SALLY BOLIN
15. Birthplace: UNKNOWN (City, town, or county) TENNESSEE (State or foreign country)
16. (a) Informant: Mrs. Ona King
(b) Address: 5417 Myrtle
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: ELMWOOD CEMETERY
18. (a) Signature of funeral director: O. H. Funeral Home
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 6-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 16th year 1947 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from 5-15-47 to 6-16-, 1947, to ....., 19.....; that I last saw her alive on 6-12-47, 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insufficiency	2 yrs.
Due to: Nephritis Chronic	13 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) 5
While at work? ..... (e) Means of injury .....
23. Signature: S. M. Howard (M. D. or other) D.O.
Address: Mission Kans. Date signed: 6-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4610 West 59th Street, Mission, Kan
9:30-12

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 D. P. Norsinger

Licensed Embalmer No. 3978

P. O. Address Kansas City, 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.