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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED **Aug 13 1948**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22520**
Registrar's No. **12**

Registration District No. **67**

Primary Registration District No. **5263**

1. PLACE OF DEATH:

(a) County **Christian**

(b) City or town **Lindenlure**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Linden Township 3
(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) **7 years**

In this community _____ (Specify whether years, months or days) **7 years**

3. (a) PRINT FULL NAME **Mrs. Essie Dillard**

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

4. Sex **F** **1** **5. Color or** **w** **6. (a) Single, widowed, married,** **2** **divorced, widowed**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____

7. Birth date of deceased **May 3 1884**
(Month) (Day) (Year)

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

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

10. Usual occupation **House Keeper**

MOTHER, FATHER

11. Industry or business _____

12. Name **don't know**

13. Birthplace **don't know** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **don't know**

15. Birthplace **don't know** **A**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. A. Hatten**
(b) Address **2 E. 13th St, Kansas City, Mo**

17. (a) Removal **(b) Date thereof** **June 15 48**
(Burial, cremation, removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dudman Cemetery**

18. (a) Signature of funeral director **T. B. Chaffis**
(b) Address **Mo**

19. (a) July 30 - 48 **(b) Lillie Barr**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Christian**

(c) City or town **Lindenlure Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **None**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15** year **1948** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 **drowned in Finley River at Lindenlure Suicide, by drowning**
Due to **poor health, as indicated by note left,**

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 **June 15, 48**

(c) Where did injury occur? **Christian Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Finley river at Lindenlure**

While at work? _____ (Specify type of place)
(e) Means of injury **3**

23. Signature **J. W. Maples** **Coroner**
Address **Clever, Mo** **Date signed** **6-15 1948**

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

RECEIVED
District Health Officer No. 6,
District File Number 848-898
Date Filed AUG 12 1948

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.