

NOV 6 1942

Registration District No. 222

Primary Registration District No. 4333

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town Clarksburg, Mo.
(c) Name of hospital or institution:
Clarksburg, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Yrs
In this community 2 Yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Clarksburg, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Arthur Dilse

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

4. Sex Male 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: Nov 9 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 209 hr. _____ min.

9. Birthplace Cooper Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Chas Dilse
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. York
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Grace M. Dilse
(b) Address Clarksburg, Mo.

17. (a) Burial (b) Date thereof Oct. 10. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksburg, Mo. Cont.

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) Oct 10-1942 (b) Jennie M. Needles
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7~~th~~ 8
year 1942 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 1,
1942 to October 8, 1942
that I last saw him alive on October 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated ulcer of stomach
Duration 6 mon.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 117a

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature A. A. Latham (M. D. or other) MD.
Address California, Missouri Date signed 10/10/42

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

68
0
0

68
0
0

754

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 Earl R. Boulton
Licensed Embalmer No. 2126
P. O. Address: California 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.