

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32048

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. 49

1. PLACE OF DEATH:
(a) County, Moniteau Co.
(b) City or town, California, Mo. Walker
(c) Name of hospital or institution: Latham Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 2 Wks
In this community 5 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 062
(c) City or town Rural Walker
(If outside city or town limits, write "RURAL")
(d) Street No. California, Mo. R. #1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Charles Elmer Dillon
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 20 year 1941 hour 8 minute _____ P.M.
21. I hereby certify that I attended the deceased from July 22, 1941, to Aug 20, 1941, that I last saw him alive on Aug 20, 1941, and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March, 29 1918
(Month) (Day) (Year)

Immediate cause of death. Streptococcus Septicemias Duration 5 week

8. AGE: Years Months Days If less than one day
23 4 23 hr. _____ min.

Due to _____
Due to _____

9. Birthplace Moniteau Co. (City, town, or county) (State or foreign country) 0
10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) 240

11. Industry or business _____
12. Name Alonzo Dillon
13. Birthplace Moniteau Co. (City, town, or county) (State or foreign country) 0
14. Maiden name Julia A. Stone (State or foreign country)
15. Birthplace Benton Co. Mo 0 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant The Marie Fleming
(b) Address Johnston, Mo
17. (a) Burial (b) Date thereof Aug. 23. 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemt.

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? _____

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo
19. (a) 8-23-41 (b) AK. R. R. R. R.
(Date received local registrar) (Registrar's signature)

23. Signature Henry Latham (M. D. or other) 0
Address California, Mo Date signed 9/23/41

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

MOTHER FATHER

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 Edwin R. Boulton

Licensed Embalmer No. 2126

P. O. Address Californier

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.