

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

14647
Do not use this space.

REC'D MAY 18 1938

1. PLACE OF DEATH

(a) County Clay Registration District No. 201
 (b) Township Liberty Primary Registration District No. 5280 Registered No. 29
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 6 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillie Ida Land
 (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. B. Land

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 1 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. in ag.
 10. Date deceased last worked at this occupation (month and year) 2 years ago 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage State Co. Mo

FATHER 13. NAME John W. Nilsen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo

MOTHER 15. MAIDEN NAME Martha Arnold
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Fred Land Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE Mar 25 - 39
 19. FUNERAL DIRECTOR (ADDRESS) Chas. Archer Co Liberty Mo

20. FILED 3/24/98 Local Registrar J. H. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22, 1939

22. I HEREBY CERTIFY, that I attended deceased from Aug 15 to March 19, 1939
 I last saw him alive on March 30, 1939 Death is said to have occurred on the date stated above, at 10 P.M.
 The principal cause of death and related causes of importance were as follows:
Metastatic carcinoma
 Date of onset _____

Other contributory causes of importance: 50

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify J. H. ...
 (Signed) _____ M.D.
 (Address) Liberty Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)