

1939 JUN 24 1939

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

19202
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 647
(b) Township Mason Primary Registration District No. 3029 Registered No. 187
(c) City Hannibal (d) Street No. 817 North Haydon St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ross Edward Lilly

(a) Residence, No. 817 North Haydon 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Haines Lilly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15, 1894
7. AGE YEARS 45 MONTHS 5 DAYS 0 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as saw mill, bank, etc. Hannibal Connecting
10. Date deceased last worked at this occupation (month and year) 5-14-39 11. Total time (years) spent in this occupation R.R.

12. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Missouri

13. NAME Charles W. Lilly

14. BIRTHPLACE (CITY OR TOWN) Balls Bluff (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Fuchs

16. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Lilly
817 North Haydon

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE 6/18/39

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral Home (ADDRESS) Hannibal Mo.

20. FILED June 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 24-26 39 to 6/15 39
I last saw him alive on 6/15 1939. Death is said to have occurred on the date stated above, at 4:07 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Coronary Disease 5pm 6/14/39
Coronary Thrombosis & Embolism 4:05 AM 6/15/39
Other contributory causes of importance: HT

Name of operation Plumier and Physical
What test confirmed diagnosis? Plumier and Physical Was there an autopsy? Yes

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: _____
(Signed) W. E. Sultzman M.D. M. D.
L. 888 (Address) Hannibal Mo.

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.

Dr. Sultzman

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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.....

..... J.J. Marsh L.E.3932....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Crawford Smith

Licensed Embalmer No..... 3814.....

P. O. Address..... Hannibal Missouri.....

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, above space should be left blank.