

SEP 25 1940
Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: 1020 So. Ohio
(If outside city or town limits, write "RURAL" and name of township)
(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)

3. (a) PRINT FULL NAME Lillian Ethel Jared

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Frank Jared 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 13 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Longwood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name D.S. Wilcox

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Morlett

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Richard Lower
(b) Address Hughesville, Mo.

17. (a) Burial (b) Date thereof Aug. 6/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 8-5-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1020 So. Ohio
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5
year 1940 hour 10 minute 30 A.

21. I hereby certify that I attended the deceased from Aug 1
_____, 1940, to Aug 5, 1940;
that I last saw her alive on Aug 5, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Rheumatic acute rheum

Due to _____

Other conditions Chronic valvular nephritis
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(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 Chas. Sneed (M. D. or other) _____
Address Sedalia, Mo. Date signed Aug 6/1940

Duration of illness _____
Physician _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

Invoice File Number

Date Filed

9-11-40

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

Geo. Dillard

Licensed Embalmer No. 3668

P. O. Address Sedalia, 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, above space should be left blank.