

FILED MAR 14 1941 43  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5336

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Dallas  
(b) City or town Rural Jackson Mo  
(c) Name of hospital or institution: \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 20 Years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas Co  
(c) City or town Rural  
(d) Street No. Buffalo Mo  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Sally Maranda Lilley

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife E. R. Lilley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 17 - 1875  
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name James E. Hall

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

14. Maiden name Mary C. Sanders

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

16. (a) Informant E. R. Lilley  
(b) Address Buffalo Mo

17. (a) Burial (b) Date thereof 12-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foose Cem.

18. (a) Signature of funeral director L. B. Jones  
(b) Address Buffalo Mo

19. (a) 2-11-1941 (b) Mary Shewmaker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12 year 1940 hour 3 minute 2 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Subarachnoid hemorrhage

Other conditions (include pregnancy within 3 months of death) HTA

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

220 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. B. Jones (M. D. or other) \_\_\_\_\_  
Address Buffalo Mo Date signed 2-11-1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-41-427

Date Filed 3-5-41

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.