S. No. 2
M—1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34903

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 790

9
2
6

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1906 N. Fremont 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katheran Kay Lilley
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F. M.
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Sept 22nd 1941 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	9	hr. min.

9. Birthplace Springfield (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation none
11. Industry or business none
FATHER
12. Name O D Lilley
13. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Hazel L. Lanbeth
15. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant O. D. Lilley
(b) Address 1906 N. Fremont
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Church Grove (Cem)
18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W. Walnut, City
19. (a) 10-2-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1941 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from Sept 22 1941 to Sept 30 1941;
that I last saw her alive on ~~Oct~~ Sept 30 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia Monatorum
Due to Malnutrition
Due to
Other conditions Jaundice (Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy

Duration

158

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Newton Wakeman (M. D. or other)
Address Springfield, Mo. Date signed 10-2-41

987 (Licensed Embalmer's Statement on Reverse Side)

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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Springfield

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.