

FILLED NOV 21 1949  
Registration District No. 4267

Primary Registration District No. 4267

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

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 1 1/2 years, months or days (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 053  
(c) City or town Rural Osage Twp 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17  
year 1941 hour 5 minute 30 AM.

21. I hereby certify that I attended the deceased from 20  
14 1941 to 27 1941  
that I last saw him alive on 27-14 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Intestinalis Duration 10 1/2 days  
Due to gastro intestinalis infection  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: 119a  
Of operations \_\_\_\_\_  
Of autopsy none

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) \_\_\_\_\_  
(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 J. H. Casey (M. D. or other) \_\_\_\_\_  
Address Lebanon Mo Date signed 10-29-41

3. (a) PRINT FULL NAME Georgie Jr LILLARD

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) \_\_\_\_\_ (Year)

7. Birth date of deceased July 11 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 3 6 hr. \_\_\_\_\_ min.

9. Birthplace Laclede Co mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Georgie W Lillard  
13. Birthplace Laclede Co mo 0  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Louise Jones  
15. Birthplace Laclede Co mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Georgie W Lillard  
(b) Address Lebanon, mo Rt 4

17. (a) burial (b) Date thereof Oct 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Thomas Cemetery

18. (a) Signature of funeral director Thos. Funeral Director  
(b) Address \_\_\_\_\_

19. (a) 10-29-41 (b) J. H. Casey  
(Date received local registrar) (Registrar's signature)

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

53  
1  
2

**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.....  
*No. Embalming*....., 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.**