S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5440

State File No. 41871

Registrar's No. 1011

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

34
0
0

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Springfield~~ Rural S Campbell Ave (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ozark Osteopathic Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 2½ mo. (Specify whether

In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

(c) City or town Nixa. (If outside city or town limits, write "RURAL")

(d) Street No. ... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ...

3. (a) PRINT FULL NAME Lillard, William Ray

3. (b) If veteran, name war ND

3. (c) Social Security No. 500-10-1899

4. Sex Male

5. Color or race white

6. (a) ~~Single, widowed~~, married, divorced yes

6. (b) Name of husband or wife Lillard Hetta Lea ~~[illegible]~~

(c) ~~Age of husband or~~ wife if alive 22 years

7. Birth date of deceased March (Month) 13 (Day) 1915 (Year)

8. AGE: Years 26 Months 9 Days 15 If less than one day ... hr. ... min.

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

10. Usual occupation Laborer at Neosho.

11. Industry or business ...

FATHER
12. Name George Lillard
13. Birthplace Christian Co (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ann Ginger
15. Birthplace Christian Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Steve Bolin

(b) Address Nixa, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-41 (Month) (Day) (Year)

(c) Place: burial or cremation McConnell Cem

18. (a) Signature of funeral director T. W. Maples

(b) Address Clever Mo.

19. (a) 12-29-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

WEH

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th year 1941 hour 7 minute 45 a.M.

21. I hereby certify that I attended the deceased from Dec 28, 1941, to Dec 28, 1941 that I last saw him alive on Dec 28 — 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Due to Internal hemorrhage

Due to automobile accident Non Collision

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy ...

Duration

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) accident

(b) Date of occurrence Dec 28-1941

(c) Where did injury occur? 3 miles west of Nixa Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Highway. (Specify type of place)

While at work? (e) Means of injury: car.

23. Signature [illegible] (M.D. or other)

Address Nixa, Mo. Date signed 12/28/41

(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. J. W. Mapler

Licensed Embalmer No. 2985

P. O. Address. Clever 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, fact should be so stated above.