S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9726

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1169

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

048
3
8

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2606 Wabash Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2606 Wabash Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Mrs. Myrtle Trask Lilly

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Mr. Joel W. Lilly
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased December (Month) 2 (Day) 1881 (Year)

8. AGE: Years 60 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Wymore (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation At Home
11. Industry or business --

FATHER
12. Name Alfred Trask
13. Birthplace Springfield (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Ollidine Mathews
15. Birthplace Pittsburgh (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Fred Trask
(b) Address Briston Okla
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Temple
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 3-23-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd year 1942 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19 , to , 19 , that I last saw him alive on , 19 , and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pneumonia Non Specific

Due to

Due to Chronic Myocarditis

Other conditions 93 d
(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)
(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
23. Signature [signature] (M. D. or other)
Address [signature] Date signed

341

(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 C Hervey Duisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. 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.