

1. PLACE OF DEATH:

(a) County Scotland
 (b) City or town Memphis Tenn
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
413 E Madison
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland
 (c) City or town Memphis
(If outside city or town limits, write "RURAL")
 (d) Street No. 413 E Madison
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes name country _____

3. (a) PRINT FULL NAME LILLIE JANE MAXKOPF

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased January 14 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 11
If less than one day hr. min.

9. Birthplace Lee County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name John B Huggins

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

14. Maiden name Catherine E Lucher

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

16. (a) Informant A. J. Mc Daniel

(b) Address Memphis, Mo

17. (a) burial (b) Date thereof 3-26-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis cemetery

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

(b) Address Memphis, Mo

19. (a) April 18 1942 (b) Bernice Wilson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
 year 1942 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from December 20 1941 to 3-24-1942

that I last saw her alive on 3-23- 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension

Due to arteriosclerosis
Influenza

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 33a
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. E. Parrish (M. D. or other) _____
 Address Memphis Mo Date signed 3-26-42

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

77
6

RECEIVED

District Health Officer No. 10

District File Number 5-42-960

Date Filed MAY 12 1942

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

Neal Payne

Licensed Embalmer No.

2550

P. O. Address

Memphis 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.