

FILED AUG 1 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24770

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 169

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

1. PLACE OF DEATH

(a) County Marion
 (b) City or town Harrison
 (c) Name of hospital or institution: KEYEXING HOSPITAL
 (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

3. (a) PRINT FULL NAME Lillie Tris

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced W.D.W.
 6. (b) Name of husband or wife HARRY 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 10, 1881
 (Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name CHRISTIAN MEYERS
 13. Birthplace MO (State or foreign country)
 14. Maiden name ANNA WEISLING
 15. Birthplace MO (State or foreign country)

16. (a) Informant Mrs. Geo. Blackburn
 (b) Address 801 Church, Harrison MO

17. (a) Burial (b) Date thereof July 20, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation NEW HOPE ELSBERTY MO.

18. (a) Signature of funeral director James O'Donnell
 (b) Address Harrison MO

19. (a) 7-7-42 (b) R. J. Connor
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
 (c) City or town Harrison 3
 (If outside city or town limits, write "RURAL") 7
 (d) Street No. 801 Church (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
 year 1942 hour _____ minute 9 a M.

21. I hereby certify that I attended the deceased from June 20, 1942
 _____, 19____, to July 5, 1942
 that I last saw h. alive on July 4, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Foreign body in rectum

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1942

Major findings: Of operations _____

Of autopsy _____

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. Handley M.D. or other _____
 Address Harrison MO Date signed 6-7-42

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: *Michael J. O'Hanrahan*

Licensed Embalmer No. *3246*

P. O. Address. *Hannibal, 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.