

V. S. No. 2
 FORM-5-42
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED DEC 11 1942
 Registration District No. 142

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
 Primary Registration District No. 4231

State File No. 37225
 Registrar's No. 39

46
 0
 0

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

1. PLACE OF DEATH:
 (a) County Howell
 (b) City or town Mountain View, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No
(Specify whether years, months or days)
 In this community 14 Years

2. USUAL RESIDENCE OF DECEASED: 46
 (a) State Missouri (b) County Howell
 (c) City or town Mountain View, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Pike. W. Lillibridge
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 23rd
 year 1942 hour _____ minute 8 P.M.

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Harriett Lillibridge
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased July 12th 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1 - 1942
42 Nov. 5 - 1942
Nov. 23 - 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death Perforating ulcers of Colon
 Due to Senility
 Due to _____

9. Birthplace Iowa
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business _____

Other conditions 120 lbs
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 { 12. Name John Lillibridge
 { 13. Birthplace Penn.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Hester Watson
 { 15. Birthplace New York
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Harriett Lillibridge
 (b) Address Mountain View Mo
 17. (a) Removal (b) Date thereof Nov 24-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Earlham, Iowa

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature C. P. Terrell (M. D. or other) _____
 Address Mountain View, Mo. Date signed 11-26-42

18. (a) Signature of funeral director John J. Adams
 (b) Address Mountain View, Mo.
 19. (a) 12/4 1942 (b) Ruth Hunt
(Date received local registrar) (Registrar's signature)

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 John F. Duncan
Licensed Embalmer No. 2576
P. O. Address Wm. Lewis Co.

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.