V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21649

Registration District No. 6 Primary Registration District No. 2001 Registrar's No. 327

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 2 5
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 404 Moffitt (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs Allie Miller

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 Widowed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 9 (Day) 1870 (Year)

8. AGE: Years 72 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Buffalo (City, town, or county) New York (State or foreign country)
10. Usual occupation At Home
11. Industry or business /

FATHER
12. Name W H Lilliebridge
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Alice Rowley
15. Birthplace Unknown (City, town, or county) N. Y. (State or foreign country)

16. (a) Informant Leslie Lilliebridge
(b) Address R#4 Carthage
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem
18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo
19. (a) 6-8-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1943 hour 3 45 minute P M.

21. I hereby certify that I attended the deceased from 5 11 1943, to 6 7 1943 that I last saw her alive on 6-7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute m Chr Myocarditis — Duration 4 w

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93d

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) MW
Address [illegible] Date signed 6/8/43

1204

(Licensed Embalmer's Statement on Reverse Side)

48-6-519

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 A. L. Mills

Licensed Embalmer No. 347

P. O. Address Nevada City, 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.