

FILED AUG 5 1943 42  
Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: 2803 Doniphan Avenue  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution Not  
In this community 8 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2803 Doniphan Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lena Lillibridge  
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. 2 divorced widow  
6. (b) Name of husband or wife William Lillibridge  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 6 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 0 13 hr. min.

9. Birthplace Chicago Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Herman Auble

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

14. Maiden name Hannah Parminster

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

16. (a) Informant Mrs. A. E. Trachsel  
(b) Address 2803 Doniphan Ave. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 7-21-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Savannah Cemetery

18. (a) Signature of funeral director Walter Meierhoffer  
(b) Address 15th. & 3rd. Paragon St. St. Joseph, Mo.

19. (a) 7-21-43 (b) Rose Heisoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th.  
year 1943 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from June 15 1943 to June 19 1943  
that I last saw her alive on June 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chromek Myos Carditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 93d  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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. W. Hays (M. D. or \_\_\_\_\_)  
Address 2801 Belmont St. St. Joseph, Mo. Date signed July 21 1943

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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 *Albert P. Huntington*  
Licensed Embalmer No. 3258 Missouri  
P. O. Address St. Joseph, Missouri.

**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.**