

FILED JUL 24 1943

Registration District No. 3

Primary Registration District No. 3007

Registrar's No. 206

12
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Paplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
918 Tremont St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Paplar Bluff
(If outside city or town limits, write "RURAL.")

(d) Street No. 918 Tremont St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Sarah L. Lillie

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife W. B. Lillie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 8, 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 9 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Harris

13. Birthplace _____ North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Eliz. Ann Rober

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

16. (a) Informant Mastrude Lillie

(b) Address Paplar Bluff, Mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 6-25-43
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn - Paplar Bluff, Mo

18. (a) Signature of funeral director Frank Cotrell Funeral Chapel

(b) Address Paplar Bluff, Mo

19. (a) 7-3-43 (Date received local registrar) (b) Belle Kinnel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1943 hour 1:13 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6-20, 1943, to 6-23, 1943 that I last saw her alive on 6-23, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Le cerebral Hemorrhage

Due to arteriosclerosis & hypertension

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

Major findings: Of operations none Of autopsy none

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) no

(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) (c) Means of injury no

23. Signature Dr. H. M. Henrickson (M. D. or other) _____
Address Paplar Bluff, Mo Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 742-888

Date Filed 7-19-43

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..... *Green W. Greer*

Licensed Embalmer No..... 2964

P. O. Address..... *Douglas Bluff 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.