

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31452**

FILED OCT 7 1943
Registration District No. **1943/1**

Primary Registration District No. **3012**

Registrar's No. **323**

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mehals Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution seven days (Specify what)

In this community seven days (Specify what)

2. USUAL RESIDENCE OF DECEASED:

(a) County Mo

(b) County Ray

(c) City or town Richmond
(If outside city or town limits, write "RURAL")

(d) Street No. 537 S Whitmer
(If rural, give location)

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

If yes, name country: 1

3. (a) PRINT FULL NAME JOHN HARRISON LILLARD

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Laura W Lillard

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept 15 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew J Lillard

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

14. Maiden name Laura W Lillard

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

16. (a) Informant Mrs. Lillard

(b) Address Richmond, Mo

17. (a) Richmond (Burial, cremation, or removal) (b) Date thereof 9-12-43
(Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo

18. (a) Signature of funeral director J B Brothers

(b) Address Richmond, Mo

19. (a) 9-10-43 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1943 hour 9:30 minute PM M.

21. I hereby certify that I attended the deceased from 6 Sept 10 1943 to 10 Sept 10 1943 that I last saw him alive on Sept 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death chronic rheumatic myo-carditis

Due to 15-yr arthritis

Due to 93C

Other conditions Thin & anemic
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: absent skeleton

Of operations _____

Of autopsy none

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) na

(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? na

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature G. D. Braven (M. D. or other) _____

Address Excelsior Springs, Mo Date signed 9/10/43

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 10-7-43

STATEMENT BY LICENSED EMBALMER

will be

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ embalmed by me, or by.....

J B Brathers....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. B. Brathers*.....
Licensed Embalmer No. 1001

P. O. Address Richmond

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.