No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1944

Registration District No. 29

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3057

State File No. 8104

Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Ray
(b) City or town: Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ray 89
(c) City or town: Richmond (If outside city or town limits, write "RURAL") /
(d) Street No.: 221 West Lexington St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: James Miller Lilly
3. (b) If veteran, name war: .....
3. (c) Social Security No. 486-05-9090
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jessie Mae Lilly
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: June (Month) 24. (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
62	8	---	..... hr. ..... min.

9. Birthplace: Boone (City, town, or county) Iowa (State or foreign country) /
10. Usual occupation: Electrian
11. Industry or business: .....
12. FATHER Name: Duncan Lilly
13. FATHER Birthplace: Unknown (City, town, or county) Scotland (State or foreign country) 4
14. MOTHER Maiden name: Not Known
15. MOTHER Birthplace: Unknown (City, town, or county) Wesconsion (State or foreign country) /
16. (a) Informant: Mrs. George Pirch
(b) Address: Henrietta. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 26. 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Richmond. Mo.
18. (a) Signature of funeral director: [illegible]
(b) Address: Richmond. Mo.
19. (a) Feb 26, 1944 (Date received local registrar) (b) Mrs Chas. W Stepper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1944 hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration
Due to: Death was instantaneous
Due to: .....
Other conditions (Include pregnancy within 3 months of death): .....
Major findings: Of operations: .....
Of autopsy: .....

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: Feb. 24. 1944
(c) Where did injury occur? Richmond (City or town) Ray (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury: —
23. Signature: Dr. J. F. Baker Deputy Coroner (M. D. or other)
Address: Richmond Mo Date signed 2/26/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-44

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, ###, Registered Apprentice No. working under my personal supervision.

Signed E. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.