No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16029

FILED MAY 4 1944

Registration District No. 260 Primary Registration District No. 6225 Registrar's No. 82

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt Hospital HB 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 7 yrs 8 mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lawrence 108
(c) City or town Mt Vernon
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE LILLICH
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Maurer
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept 20 1876 (Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Washington Co Ill (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name John Lillich
13. Birthplace ? (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hartman
15. Birthplace ? (City, town, or county) (State or foreign country)
16. (a) Informant Henry Lillich
(b) Address Mt Vernon Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Vernon Mo
18. (a) Signature of funeral director Geo. B. Orr
(b) Address Mt Vernon Mo
19. (a) 4-17-44 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1944 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from Apr 1 1944 to Apr 17 1944 that I last saw him alive on Apr 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio sclerosis	6 mos
Due to Psy cases	
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations none	
Of autopsy no	

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 R G Hall (M. D. or other)
Address Neosho Mo Date signed 4/18/44

(Licensed Embalmer's Statement on Reverse Side)

1231

RECEIVED
District Health Officer No. 7,
District File Number 4-44-562
Date Filed 5-3-44

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, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed: Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.