

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38223**

FILED NOV 20 1944

Registration District No. **778**

Primary Registration District No. **4281**

Registrar's No. **99**

1. PLACE OF DEATH:

(a) County **Lewis**

(b) City or town **Canton Canton**
(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) **1**

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

In this community **18 years**
years, months or days)

3. (a) PRINT FULL NAME **Samuel J. Lillard**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 0

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jennie V. Painter**

6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **Feb. 6 1902**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	2	23	hr. _____ min.

9. Birthplace **Maywood Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Osteopathic Physician**

11. Industry or business _____

12. Name **David G. Lillard**

13. Birthplace **Lewis County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Nannie Lee Taylor**

15. Birthplace **Adams County, Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs S.J. Lillard**

(b) Address **Canton, Mo.**

17. (a) **Burial** (b) Date thereof **10/31/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Canton, Mo.**

18. (a) Signature of funeral director **Earl H. Barkley**

(b) Address **Canton, Mo.**

19. (a) **Nov. 1-44** (b) **J. S. Jennings**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis** **56**

(c) City or town **Canton** **1**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **705 Bland**
(If rural, give location)

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

If yes, name country _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **29**
year **1944** hour **9** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **October 6, 1944, to Oct. 29, 1944**
that I last saw him alive on **October 28, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** **3 wks**
Duration

Due to **Streptococcal pneumonia** **1 wk**

Due to _____

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

Major findings: **10911**

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 _____

(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 **W.B. Doherty** (M. D. or other) **D.O.**

Address **Canton, Mo.** Date signed **11/3/44**

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

MOTHER FATHER

987

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1944

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 Earl N. Buckley
Licensed Embalmer No. 2615
P. O. Address Centon, 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.