

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED FEB 13 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2241**
 Registrar's No. **94**

Registration District No. **348 158** Primary Registration District No. **5466**

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

1. PLACE OF DEATH:
 (a) County **GREENE**
 (b) City or town **Rural S. Campbell Twp.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Routledge**
(The Portals, S. Campbell St. Rd.)
(In hospital, institution, or other care, give location)
(Christian Science Rest Home)
 (d) Length of stay: In hospital or institution **less than 1 hr.**
(Specify whether)
 In this community **4**
years, months or days

3. (a) PRINT FULL NAME **Lillie S. Muhleman**
3. (b) If veteran, name war **NONE**
3. (c) Social Security No. **NONE**

4. Sex **Female** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **married**
6. (b) Name of husband or wife **E. D. Muhleman** **6. (c) Age of husband or wife if alive** **48** years
7. Birth date of deceased **Dec. 10, 1897**
(Month) (Day) (Year)

8. AGE: Years **47** Months **1** Days **20** If less than one day **hr.** **min.**

9. Birthplace **Marion Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **George A. Stephanson**
(City, town, or county) (State or foreign country)

13. Birthplace **not known**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Elizabeth Jones**
(City, town, or county) (State or foreign country)

15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. D. Muhleman**

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

17. (a) Burial **(b) Date thereof** **Feb 1-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **J. B. Bradford**

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

19. (a) 2-1-45 **(b) J. B. Bradford**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Lawrence** **55**
 (c) City or town **Marionville,** **2**
(If outside city or town limits, write "RURAL")
Center St. **0**
 (d) Street No. **(If rural, give location)**
 (e) Citizen of foreign country? **1** (Yes or No)
 If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **30** year **1945** hour **3** minute **15** P.M.

21. I hereby certify that I attended the deceased from **no physician or attendance** **19**
 that I last saw **alive on** **19**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Breast**
Due to operation 2 1/2 years ago

Due to **50**

Other conditions **50**
(Include pregnancy within 3 months of death)

Major findings: **50**
 Of operations

Of autopsy

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)

(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 **Murray C. Stone** **(M. D. or other)**

Address **Springfield, Mo.** **Date signed** **1-30-45**

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address. Aurora 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.