

FILED MAY 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13142

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural - Liberty
(c) Name of hospital or institution Home Hosp.
(d) Length of stay: In hospital or institution 9 mo.
In this community 9 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Rural Liberty
(d) Street No. Route # 3
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME LILLIE MAE ANDERSON

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

6. (b) Name of husband or wife Arlene 6. (2) Age of husband or wife if alive years

7. Birth date of deceased Dec. 12 - 1868

8. AGE: Years 76 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Rutledge Mo.

10. Usual occupation Home wife

11. Industry or business

12. Name A. C. Livingood

13. Birthplace Ky

14. Maiden name Mary

15. Birthplace Ky

16. (a) Informant J. E. Thomme

(b) Address Liberty Mo

17. (a) Burial (b) Date thereof April 4 1945

(c) Place: burial or cremation Kahoya Mo

18. (a) Signature of funeral director Chas. Archer Co

(b) Address Liberty Mo

19. (a) Apr 1 3 1945 (b) Belev Early

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1945 hour 6 minute 15 P M.

21. I hereby certify that I attended the deceased from July 8 1944 to April 1 1945 that I last saw her alive on April 1 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke from Fall in which right hip was fractured

Due to General arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Accident

(b) Date of occurrence Mar 25 1945

(c) Where did injury occur? in room at Q.O.T. Home

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in room

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

23. Signature Belev Early (M.D. or other) N.D.

Address Liberty Mo Date signed 4-2-45

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

4
6
2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

5/11/45

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 _____

Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.