

FILED MAY 10 1945  
Registration District No. **1770**

Primary Registration District No. **5630**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Rural Lebanon Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede  
(c) City or town Lebanon 53  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Biddie Jane Lillard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife J. J. Lillard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 28 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Laclede Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Henry F. Johnson  
13. Birthplace England U  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Johnson  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Lambeth  
(b) Address Panama Okla.

17. (a) Burial (b) Date thereof 4-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (c) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) May 1-45 (b) Grace Roper  
(Date received local registrar) (Registrar's signature)

1090

(Licensed Embalmer's Statement on Reverse Side)

" MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2  
year 1945 hour 2 minute 15 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 Heart attack Duration \_\_\_\_\_

Due to Arteriosclerosis infarctus of old age.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 99

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)  
(c) Means of injury 3

23. Signature W. Palmer (M.D. or other) \_\_\_\_\_  
Address Lebanon Date signed 5/2/45

Received .....

LaCade County Health Unit

File No. 4-45-41

Date Filed 5/8/45

**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 *Dorsey M. Howe*  
Licensed Embalmer No. *4222*  
P. O. Address *Lebanon 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.**