

No. 2
-5-42
5-17-39
X32873

FILED APR 23 1945
Registration District No. 231048

Primary Registration District No. 4449

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Meriwells
 (b) City or town Wellington
 (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 Life
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Meriwells
 (c) City or town Wellington Mo 911
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
 year 1945 hour 9:00 minute 00 M.
 21. I hereby certify that I attended the deceased from March 7
1945 to March 8 1945
 that I last saw her alive on 12 P.M., March 8 1945
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, WIDOW
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased. Dec 13 1883
 (Month) (Day) (Year)

Immediate cause of death Bacteria Duration 1 day
 Due to arterio Sclerosis 1 yr.
 Due to
 Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
61 2 25 hr. min.
 9. Birthplace Meriwells Co. Mo. 1
 (City, town, or county) (State or foreign country)
 10. Usual occupation housekeeper

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: Of operations 94%
 Of autopsy

MOTHER FATHER

11. Industry or business
 12. Name Bennett Lilly
 13. Birthplace Meriwells Co Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Peggy Shurt
 15. Birthplace Meriwells Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Jesse C. Brooks
 (b) Address Wellville Ill.
 17. (a) Funeral (b) Date thereof. 3-9-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place, church or crematorium at Wellington mobile A. Leuchel
 18. (a) Signature of funeral director Van Buren m.
 (b) Address
 19. (a) 3-27-45 (b) Essie Evans
 (Date received local registrar) (Registrar's signature)

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
 23. Signature A. J. Russ (M. D. or other)
 Address Wellington Mo. Date signed 3-9-45

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

1136

RECEIVED

District Health Officer No. 5,

District File Number 445-209

Date Filed 4-19-48

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 3-7-45

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

Signed Philip A. Leuchel
Licensed Embalmer No. 2936
P. O. Address Van Buren 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.