S. No. 2
M—8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33203

State File No.

FILED NOV 42 1 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1148

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

1. PLACE OF DEATH:
(a) County Buchanon
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 min (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Doniphan 99
(c) City or town Elwood 14
(If outside city or town limits, write "RURAL")
(d) Street No. None 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Ella Katherine Lilley
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Nov (Month) 20 (Day) 1891 (Year)

8. AGE: Years 53 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Oregon (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
12. FATHER Name James H. Smith
13. FATHER Birthplace Andrew Co (City, town, or county) Mo. (State or foreign country)
14. MOTHER Maiden name Eliza Gump
15. MOTHER Birthplace Putman Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Clarence Lilley
(b) Address Elwood Kans.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26 45 (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Mo.
18. (a) Signature of funeral director Fleemon & Son Inc
(b) Address St Joseph Mo.
19. (a) Oct. 29 1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 year 1945 Viewed hour 7 minute A.M.
21. I hereby certify that I attended the deceased from Oct 24th, 19 45, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 926	

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 B. W. Taylor Coroner (M. D. or other)
Address King Hill Bldg St. Joseph Date signed 10/24/45

1428 (Licensed Embalmer's Statement on Reverse Side)

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 Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.