

STANDARD CERTIFICATE OF DEATH

33522

State File No. _____

Registration District No. 40

Primary Registration District No. 5283

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Rural Union Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 Clark 2
(c) City or town Rural Union Twp.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th
year 1945 hour 3 minute 15 P M.
21. I hereby certify that I attended the deceased from Oct 14, 1945
19____ to Oct 14, 1945
that I last saw her alive on Oct 14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac dilatation
Due to Congestive Heart Disease

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
Duration _____
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?

(Specify type of place)
While at work? _____ (e) Means of injury? _____
23. Signature W.B. Radem
Address Clinton, MO Date signed 10/23/45

3. (a) PRINT FULL NAME Emma Letitia Lillard
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F. M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jerry Lillard
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Dec - 28 - 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 21
If less than one day _____ hr. _____ min.

9. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER }
12. Name Abraham Guseman
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Rhoda Gomer
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Jerry Lillard
(b) Address Northampton Mo.

17. (a) Burial (b) Date thereof 10-21-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Providence Cemetery
St. Charles
18. (c) Signature of funeral director J. K. Kach
(b) 10/25-45
19. (a) K. K. Kach (b) J. K. Kach
(D) (to received local registrar) (Registrar's signature)

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

MAR 8 1946

MAY 15 1947

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..... *F. J. Karle*

Licensed Embalmer No. *1023*

P. O. Address *Kahoka 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.