

FILED DEC 28 1945

State File No.

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Levenson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mineral Springs
(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 Mo. (b) County Lincoln
(c) City or town Elsterny
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Richard Franklin Lilley

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Nov day 27
year 1945 hour 5 minute 30 A.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

21. I hereby certify that I attended the deceased from NOV 2
..... 1945 to NOV 27 1945
that I last saw him alive on NOV 27 1945
and that death occurred on the date and hour stated above.

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

Immediate cause of death.....
ENDOCARDITIS 24 days

7. Birth date of deceased Dec 9 1907
(Month) (Day) (Year)

Due to STREP INFECTION RHEUMATIC FEVER 34 days
Due to INFECTED TONSILS 7

8. AGE: Years 37 Months 11 Days 18 If less than one day
..... hr. min.

Other conditions.....
(Include pregnancy, within 3 months of death)

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

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

10. Usual occupation.....

11. Industry or business Mechanics

12. Name Richard Lilley

13. Birthplace Lincoln Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Garner

15. Birthplace Elsterny Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Lilley

(b) Address Elsterny Mo.

17. (a) Burial (b) Date thereof Nov 30 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elsterny Cemetery

18. (a) Signature of funeral director W. Bradley

(b) Address Elsterny

19. (a) Nov 28 1945 (b) Margaret Stephens
(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) (b) Means of injury.....

23. Signature Richard Lilley (M. D. or other) 2:30
Address Lincoln Co. Mo. Date signed Nov 28 1945

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

82
2
1

RECEIVED

District Health Officer No. 10

District File Number 10-45-1938

Date Filed DEC. 20 1945

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 W. H. Bradley

Licensed Embalmer No. 3966

P. O. Address E. St. Louis

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.