No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5263

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 160

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1210 N. Warren (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 Greene 39

(c) City or town Springfield Warren 2 (If outside city or town limits, write "RURAL")

(d) Street No. 1210 N. Warren MO 6 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NANCY JANE LILE

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Female

5. Color or Race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tom Lile

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. (Month) 12, (Day) 1870 (Year)

8. AGE: Years 76 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name John H. Shipley
13. Birthplace Unknown (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Liza Knutt
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Thomas Lile

(b) Address 1210 N. Warren, Spfd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15-46 (Month) (Day) (Year)

(c) Place: burial or cremation Wade Chapel

18. (a) Signature of funeral director R. E. Thurman & Co

(b) Address Republic, Mo.

19. (a) 2-13-46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1946 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan. 27, 1946, to Feb. 13, 1946; that I last saw her alive on 12 Feb. 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	3 wks
Due to arteriosclerosis	10 yrs
Due to Hypertension	3 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

940

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. L. Epps (M. D. or other)

Address 450 1/2 E. Comm. Spfd., Mo. Date signed 13 Feb 46

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.

X