No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19813

Registration District No. 71 Primary Registration District No. 5287 Registrar's No. 83

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural Fishing River Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Her Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community 75 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Liberty (rural) 0 (If outside city or town limits, write "RURAL")

(d) Street No. Route #3 0 (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Lillie Susan Means

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John H. Means

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Mar. (Month) 4 (Day) 1865 (Year)

8. AGE: Years 81 Months 3 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace Sedalia (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Jackson T. Quisenburry
13. Birthplace Lexington (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Sallie Ann Moberly
15. Birthplace Sa (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Leta Holt

(b) Address R#1 Excelsior Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 (Month) (Day) 1946 (Year)

(c) Place: burial or cremation Means Cem Near Mosby Mo

18. (a) Signature of funeral director Church - Archer Co

(b) Address Liberty Mo

19. (a) 6/27/46 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1946 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from 11/5 1946 to June 22 1946 that I last saw her alive on June 22 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart Blood -	
Due to Albuminuria -	0 month
Asites -	" "
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95	
Of autopsy	

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 0

23. Signature S R McCracken (M. D. or other) MD

Address Excelsior Springs Mo Date signed 6/26/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7-8-46

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.