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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1946

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37291

Primary Registration District No. 3026

Registrar's No. 382

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 313-N. Hocker St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 9 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 313 N. Hocker St. 4
(If rural, give location)

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

If yes, name country ——

3. (a) PRINT FULL NAME Claretta Ann Lillard

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife ——

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

7. Birth date of deceased April (Month) 30 (Day) 1937 (Year)

8. AGE: Years 9 yrs. Months 8 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City, (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation School girl

11. Industry or business ——

FATHER
12. Name John Virgil Lillard
13. Birthplace Indep., (City, town, or county) Missouri 1 (State or foreign country)

MOTHER
14. Maiden name Bessie Stephenson
15. Birthplace Cabart, (City, town, or county) Texas 1 (State or foreign country)

16. (a) Informant Mrs. Bessie Lillard
(b) Address 313 N. Hocker St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director C. E. Davis
(b) Address 1513 Troost Ave. KC, Mo

19. (a) 11-16-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10
year 46 hour 8 minute 6 M.

21. I hereby certify that ~~I attended~~ the deceased from Deputy to Corner, 19..., that I last saw h..... alive on ....., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation & Multiple Burns

Due to Burning of House

Due to Explosion of Coal Oil Stove

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 80 15

Of autopsy No - Permit

Duration

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) Accident 120

(b) Date of occurrence 11-10-46

(c) Where did injury occur? Indep. Jackson (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - 313 - N - Hocker, St. (Specify type of place)

While at work? ..... (e) Means of injury Burns

23. Signature J. Williams (M. D. or other) Deputy Corn

Address 2636 - Brooklyn Date signed 11-15-46

354 (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 C. E. Davis

Licensed Embalmer No. 4417

P. O. Address Ft. E. 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.