

FILED FEB 10 1947

State File No.

Registration District No. 231

Primary Registration District No. 5811

Registrar's No. 2

1. PLACE OF DEATH:

(a) County MONTGOMERY
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____
years, months or days)

3. (a) PRINT FULL NAME LILLIE MAE ANDERSON

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

4. Sex FEMALE 5. Color or race White 6. (a) ~~Single~~ married, divorced _____
6. (b) Name of husband ANDERSON 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased MAY 7 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Will Schnider
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name LILLIE MALLABIE
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant JACK ANDERSON

(b) Address MONTGOMERY City, Mo.

17. (a) BURIAL (b) Date of removal JAN. 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MONTGOMERY City, Mo.

18. (a) Signature of funeral director Chas. H. Mortimer

(b) Address MONTGOMERY City, Mo.

19. (a) 1-25-47 (b) W. H. Spivey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MONTGOMERY
(c) City or town RURAL
(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 Jan day 19
year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-25-41, 19____ to 1-11-47, 19____;
that I last saw her alive on 1-11-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA - UTERUS - (PRIMARY) Duration 24.05

Due to GENERAL METASTASIS

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Chas. H. Mortimer (M. D. or other) DO

Address MONTGOMERY City Date signed 1/20/47

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-8-42

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.