

1. PLACE OF DEATH:

(a) County **Lewis**
(b) City or town **Lagrange Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Union Camp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Lewis**
(c) City or town **Lagrange Rural Union Camp**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 Miles E. Maywood**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **David G. Lillard**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **May** day **18** year **1947** hour **10:00** minute **40** P.M.
21. I hereby certify that I attended the deceased from **November 1** 19**46** to **May 18** 19**47**
that I last saw him alive on **May 18** 19**47**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Nannie Lillard** 6. (c) Age of husband or wife if alive **24** years (Day) (Year)
7. Birth date of deceased **Jan. 24 1861** (Month) (Day) (Year)

Immediate cause of death **acute congestive myocardial failure 1 wk**
Due to

8. AGE: Years **86** Months **3** Days **24** If less than one day hr. min.

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **DOA**
Of autopsy

9. Birthplace **Lewis, Co. Mo.** (City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

11. Industry or business
12. Name **Dave Lillard**
13. Birthplace **Lewis, Co. Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Mildred Ann Long**
15. Birthplace **Lewis, Co. Mo.** (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(c) 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 **2**

16. (a) Informant **Dave Lillard**
(b) Address **Lagrange, Missouri**
17. (a) **Buried** (b) Date thereof **MAY 21 1947** (Month) (Day) (Year)
(c) Place: burial or cremation **Dover Cemetery**
18. (c) Signature of funeral director **A. H. Chambers**
(b) Address **Maywood, Mo.**
19. (a) **5/21/47** (b) **W. B. Dole** (Date received local registrar) (Registrar's signature)

23. Signature **W. B. Dole** (M. D. or other) **D.O.**
Address **Clinton, Mo.** Date signed **5/24/47**

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

RECEIVED
District Health Officer No. 10
District File Number 6-47-949
Date Filed JUN - 1 1947

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 Myself
....., Registered Apprentice No.
working under my personal supervision.

Signed A. W. Chambers
Licensed Embalmer No. 3766
P. O. Address Magwood, Ind.

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.