

**FILED** AUG 30 1947

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **282**

1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2108 Settles  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 years  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
 (c) City or town Hannibal  
(If outside city or town limits, write "RURAL.")  
 (d) Street No. 2108 Settles  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country ---

3. (a) PRINT FULL NAME NELLIE LILLARD

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

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Walter Lillard 6. (c) Age of husband or wife if alive 48 years  
 7. Birth date of deceased March unknown 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>3</u>		hr. min.

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

10. Usual occupation housewife

11. Industry or business ---  
 MOTHER FATHER { 12. Name Henry Prichet  
 13. Birthplace Ashley Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Jennie  
 15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosie Moss  
 (b) Address Hannibal, Mo.

17. (a) burial (b) Date thereof 7/9/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Wm Sephus  
 (b) Address 810 North Ave Hannibal, Mo

19. (a) 7-29-47 (b) W. E. M. Fuchs  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
 year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1, 1946 to July 6, 1947  
 that I last saw him alive on July 6, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Stomach

Due to ---  
 Due to ---

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

Major findings: 46 B  
 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) (c) Means of injury ---

23. Signature W. E. M. Fuchs (M. D. or other) M.D.  
 Address Hannibal, Mo Date signed 7/29/47

Duration ---  
 PHYSICIAN ---  
 Underline the cause to which death should be charged statistically.

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

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**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 *William Sephus*.....

Licensed Embalmer No. *3420*.....

P. O. Address *810 North St. Nassau*.....

**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.**