

FILED JUN 7 1948

Registrar's No. 611

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
State Hospital No. 2 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 5 days

3. (a) PRINT FULL NAME MORTIE JOSEPH HILLY SR.

3. (b) If veteran, name war V.V.

3. (c) Social Security No. V.V.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased 8-5-1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>25</u>	hr. min.

9. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name George Lilly

13. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Lilly Jr.

(b) Address 3631 Benton Blvd. K.C. Mo.

17. (a) Removed (b) Date thereof 5/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chillicothe Mo.

18. (a) Signature of funeral director Walter Bourman

(b) Address St. Joseph, Mo.

19. (a) 6-3-48 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature) 287

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3631 Benton Blvd. K.C. Mo. 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30
year 1948 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from 5-25-1948 to 5-30-1948
that I last saw him alive on 5-30-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arterio Sclerosis

Due to

Other conditions 9/29
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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) (a) Means of injury 0

23. Signature A. H. Marquay (M. D. or other)

Address State Hospital No. 2 Date signed 5-30-48
St Joseph, Mo.

JUN 8 1948

JUN 9 1948

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..... Eugene Wood

Licensed Embalmer No. 3804

P. O. Address. 319 So 15th St. York, Pa

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.