

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19562

State File No.

FILED JUN 19 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2392

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1329 East 9th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community 4 1/2 Years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Nevada Jane Lillard

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Henry Lillard

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

7. Birth date of deceased 2 27 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 3 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Lillard

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

14. Maiden name Harriett Divers

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

16. (a) Informant Mrs. Laura Stephens

(b) Address 1329 East 9th. Street

17. (a) Removal (b) Date thereof 6-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Scam' down

18. (a) Signature of funeral director: Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 6-7-48 (b) Heraldine Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1329 East 9th. Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th.
year 1948 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from March 1947 to June 6 1948
that I last saw her alive on June 4 & 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 da.

Due to arteriosclerosis nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 131a.

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) (By) Means of injury _____

23. Signature John O. Springer (M. D. or other) MD

Address 1402 Bryant Bldg Date signed 6/7/48

3 P.M.

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 Dean Owens
Licensed Embalmer No. 4280
P. O. Address R. C. 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.