S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19763

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 186

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1517 South Osage 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 36 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1517 South Osage Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LILLA M. WARREN
3. (b) If veteran, name war ---------- 3. (c) Social Security No. ----------
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles S. Warren 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May (Month) 12, (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	1	11	hr. min.

9. Birthplace Providence, Road Island
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Richard Bullard
13. Birthplace London, England
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Ann Betts
15. Birthplace London England
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Charles S. Warren
(b) Address Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery
18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri
19. (a) 6-25-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1948 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from Feb 21 1944 to June 23, 1948; that I last saw her alive on June 23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Arteriosclerosis	years
Due to	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	4 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Chas. F. Grabke M.D. (M. D. or other)
Address Independence Mo. Date signed 6/25/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Stanley M. Seaton

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.