

FILED AUG 9 1948

 MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 22561

Registration District No. 17

Primary Registration District No. 3012

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Excelsior Springs, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Excelsior Springs Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60 Days
 (Specify whether
 In this community 60 Days
 years, months or days)

3. (a) PRINT FULL NAME Rip Lile

3. (b) If veteran 1 name war _____
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lula L. Lile
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 18, 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 0 hr. _____ min.

9. Birthplace Rayville, Missouri
 (City, town, or county) (State or foreign country)10. Usual occupation Coal Miner11. Industry or business Retired

12. Name James Louis Lile
 13. Birthplace Unknown, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Virginia Harwood
 15. Birthplace Unknown, Texas
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula L. Lile
 (b) Address Rayville, Missouri
 17. (a) Burial (b) Date thereof 7/20/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Quest-Lile F. Home
 (b) Address Richmond, Mo.
 19. (a) 7/20/48 (b) Caroline Hutchings
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
 (c) City or town Rayville, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. # 2
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th
 year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from
11-8, 1947 to 7-18, 1948
 that I last saw him alive on 7-18, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis
Local abscess
 Due to Rupture liver (dead)
 Due to _____

Other conditions
 (Include pregnancy within 3 months of death)

Major findings: (As above)
 Of operations Resection
 Of autopsy 11719

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)
 (e) Means of injury _____

23. Signatures (Signature) (M. D. or other) Mr.
 Address 25 Spr Date signed 7/19/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed Feb 4 8.....

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.....

Louis J. Z...

Licensed Embalmer No. 4096

P. O. Address... Richmond

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.