FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1948

Registration District No. 383

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20459

Primary Registration District No. 5655

Registrar's No. 91

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 52 days (Specify whether years, months or days)

In this community: 52 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler

(c) City or town: Poplar Bluff, Mo
(If outside city or town limits, write "RURAL")

(d) Street No.: R. 4 (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Lillian Marie Aud

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: single

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Dec (Month) 3 (Day) 1928 (Year)

8. AGE: Years 19 Months 7 Days 25 If less than one day: hr. min.

9. Birthplace: Poplar Bluff (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: None

11. Industry or business:

MOTHER
12. Name: W. E. Aud,
13. Birthplace: Norris City (City, town, or county) Ill. (State or foreign country)

FATHER
14. Maiden name: Laura SCOGGINS
15. Birthplace: Anna (City, town, or county) Ky (State or foreign country)

16. (a) Informant: E. McMichael, Record Clerk

(b) Address: Mo. State San. Mt. Vernon, Mo.

17. (a) Burial-7/30/48 (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation: Poplar Bluff

18. (a) Signature of funeral director: Geo B Cofer

(b) Address: Mt Vernon Mo.

19. (a) 7-29-48 (Date received local registrar) (b) Cleo Hendricks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 28 day 1948 year hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from June 6, 1948 to July 28, 1948 that I last saw her alive on July 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-respiratory insufficiency	
Due to: Pulmonary hemorrhages	Abt 4 mos.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Bronchiectasis, bilateral	Abt 10 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: C E Hellweg M. D. (M. D. or other)

Address: Mt. Vernon, Mo Date signed: 7-28-48

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

RECEIVED
District Health Officer No. 6,
District File Number 848-901
Date Filed AUG 13 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 Leo B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.