

FILED AUG 5 1948

Registration District No. 248

Primary Registration District No. 5843

Registrar's No. 35

PLACE OF DEATH:

(a) County Newton
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 mi S of Racine /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 8.3 years
 years, months or days

3. (a) PRINT FULL NAME Phillip Wesley Lile3. (b) If veteran, name war. _____ 3. (c) Social Security No. 564-24-04274. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Mar6. (b) Name of husband or wife Emma J 6. (c) Age of husband or wife if alive 75 years7. Birth date of deceased Oct 27 (Month) (Day) (Year)8. AGE: Years 83 Months 9 Days 3 If less than one day hr. min.9. Birthplace Carlo Missouri (City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

12. Name Allen Lile13. Birthplace Missouri (City, town, or county) (State or foreign country)14. Maiden name Hickman15. Birthplace Hubert (City, town, or county) (State or foreign country)16. (a) Informant Merle Watters(b) Address Neosho, Rte 117. (a) Burial (b) Date thereof 8-2-48 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Immanuel Cem18. (a) Signature of funeral director W. B. Biddlecome(b) Address Seneca Mo19. (a) 8-1-1948 (b) Nellie Morris (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 mi S of Racine
 (If rural or give location)
 (e) Citizen of foreign country NO (Yes or No)
 If yes, name country _____

20. DATE OF DEATH: MEDICAL CERTIFICATION

Month July day 30
 year 1948 hour 12 minute 30 AM

21. I hereby certify that I attended the deceased from July 28 1948 to July 30 1948;that I last saw him alive on July 29 1948 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cirrhosis of liver 2 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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. Signature Dr. M. S. Henderson (or other)Address Seneca Mo Date signed 7-31-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. Newton C. March Unit
District File Number 848-353
Date Filed Aug 4, '48

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 W. E. Bidleman

Licensed Embalmer No. 2174

P. O. Address Severna Park

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.