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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26439

Primary Registration District No. 1002

Registrar's No. 3442

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

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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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)

In this community: 3 months

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 54
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country: 1

3. (a) PRINT FULL NAME: John Lilly

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

3. (c) Social Security No.: none

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: unk 9

6. (b) Name of husband or wife: unknown.

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

7. Birth date of deceased: August (Month) 4 (Day) 1871 (Year)

8. AGE: Years 77 Months 0 Days 29 If less than one day: hr. min.

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

10. Usual occupation: farmer

11. Industry or business:

MOTHER FATHER

12. Name: Wm. Lilly.

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

14. Maiden name: Addie Dill

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

16. (a) Informant: Mrs Roy Simpson

(b) Address: Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Higginsville Mo.

18. (a) Signature of funeral director: Roy F. Wilgen

(b) Address: Higginsville, Mo.

19. (a) 8-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23 year 1948 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 13, 1948, to Aug. 23, 1948, that I last saw him alive on Aug. 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia

Due to:

Due to:

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

Major findings: Of operations: 107

Of autopsy: See above

Duration

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Wm. W. Hart (M.D. or other) MD

Address: Med. Dir. Gen'l Hosp. Date signed: 8-23-48

(Licensed Embalmer's Statement on Reverse Side)

For Burial

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 Roy F Wiegen

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.