. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

ENCLOSED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27128

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Lilbourn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 1 Year.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Lilbourn, 72
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME Lila Pegues
3. (b) If veteran, name war No.
3. (c) Social Security No. No. /
4. Sex Female 3
5. Color or race C
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hardy Pegues
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July, (Month) 4 (Day) 1905 (Year)

8. AGE: Years 43 | Months / | Days / | If less than one day ..... hr. ..... min.

9. Birthplace Canon (City, town, or county) Miss / (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business -
FATHER
12. Name Wesley Truss
13. Birthplace Lee, Co. (City, town, or county) Miss. / (State or foreign country)
MOTHER
14. Maiden name Lillie Grant
15. Birthplace Unk. (City, town, or county) Miss. / (State or foreign country)
16. (a) Informant Hardy Peuges
(b) Address Lilbourn, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic.
18. (a) Signature of funeral director Richards Ind. Co.
(b) Address New Madrid, Mo.
19. (a) 8-27-48 (Date received local registrar) (b) H. L. Ponder Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
year 1948 hour 3.30 minute p. M.
21. I hereby certify that I attended the deceased from July 20, 1948, to Aug 5, 1948
that I last saw him alive on Aug 5, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage — Duration 3 days
Due to Hypertension — Gut Kaus
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 83a
Of autopsy

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 Claude McRaven (M. D. ~~or other~~)
Address Marston Mo Date signed 8/4-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 848-107 5
Date Filed 8-30-48

SEP 1 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 Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid Mo

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.