

FILED NOV 27 1948

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Township State Missouri
(c) Name of hospital or institution State Hospital # 3
(d) Length of stay: In hospital or institution 8 yrs. 8 mos 5 days
In this community 8 yrs. 8 mos 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) City or town Adrain State Missouri (b) County Bates
(c) City or town Rural
(d) Street No. Rural
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME Bessie Mae Lillard

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12-21-1907
(Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name B. J. Lillard

13. Birthplace Bates Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Emma Russell

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

16. (a) Informant Records

(b) Address State Hospital # 3

17. (a) Removal (b) Date thereof 11-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAKHILL CEMETERY

18. (a) Signature of funeral director John H Underwood

(b) Address Build # 200

19. (a) 11-19-48 (b) Hathorn (Registrar's signature) 207
(Date received local registrar) (Date)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18
year 1948 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from 6-1-46 to 11-18-48
that I last saw her alive on 11-17-48 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to _____
Due to _____

Other conditions 89
(Includes pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature J. B. Bunch (M. D. or other)

Address State Hospital # 3 Date signed 11-18-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7;

District File Number 22-48-1348

Date Filed 11-23-48

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.....

George K. Hill

Registered Apprentice No. 296

working under my personal supervision.

Signed

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

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, above space should be left blank.