

72
3-40
17-39
I X23158

EXPIRED MAR 17 1945
Registration District No. **351**

Primary Registration District No. **4308**

42
000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Deepwater**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
IN Deepwater
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **67 yrs**
years, months or days

3. (a) PRINT, FULL NAME **Albert J Lilley**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **1**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Lilley** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **4 14 1872**
(Month) (Day) (Year)

8. AGE: Years **68** Months **10** Days **4** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Coal miner**

11. Industry or business _____

MOTHER FATHER { 12. Name **Simeon Lilley** **4**

13. Birthplace **England**
(City, town, or county) (State or foreign country)

14. Maiden name **Susanna Hall**

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

16. (a) Informant **Mrs Mary Lilley**

(b) Address **Deepwater Mo**

17. (a) **Burial** (b) Date thereof **2 20 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Deepwater Cem**

18. (a) Signature of funeral director **Fred C Williams**

(b) Address **Clinton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Henry** **4200**
(c) City or town **Deepwater**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **18**
year **1941** hour **2** minute **30A** M.

21. I hereby certify that I attended the deceased from **Henry, Mo. Feb 18, 1941** to **Feb 19, 1941**
and that death occurred on the **18th** day of **February** **1941**
at **Deepwater, Mo.**
I immediately cause of death **from all appearances**
his death was from Cerebral Haemorrhage
He had suffered from Arteriosclerosis.
Due to **above causes.**

Due to **Cerebral Haemorrhage.**

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

Major findings: _____
Of operations _____
Of autopsy **None.**

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 **During night of Feb 18, 1941.**

(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? **Yes**

While at work? _____ (Specify type of place) (e) Means of injury **3'**

23. Signature **W. L. Jennings** (M. D. or other) _____
Address **Clinton, Mo.** Date signed **Feb 20, 1941.**

RECEIVED

District Health Officer No. 7,

District File Number 3-41-547

Date Filed 3-13-41

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 Fred Wickerson

Licensed Embalmer No. 2478

P. O. Address Clinton, N.

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.