S. No. 2
DM—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17547

Registration District No. 24-4 214 Primary Registration District No. 5-7-7-5782 Registrar's No. 5-145

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Rural — Osage Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 6 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Tuscumbia — Star Route
(If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERTHA MAE WILLENAS
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married or divorced Married

6. (b) Name of husband or wife Haldan Lillenas
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Mar. (Month) 1 (Day) 1889 (Year)

8. AGE: Years 56 | Months 1 | Days 12 | If less than one day — hr. — min.

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

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER
12. Name W. C. Wilson
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Eliza James
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Haldan Lillenas
(b) Address Tuscumbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director O. R. Bailey
(b) Address Stover, Mo.

19. (a) April 16-1945 (Date received local registrar) (b) Mrs. Richard L. Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1945 hour 4 minute P M.

21. I hereby certify that I attended the deceased from April 1, 1945, to April 13, 1945
that I last saw h alive on April 13, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Bronchial Pneumonia	10 hrs
Due to: Carcinoma of Uterus With Metastasis	
Due to: Bone.	2 Yrs
Other conditions (Include 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature M. E. Hunsperger (M. D. or other) D.O.
Address Tuscumbia, Mo. Date signed 4-16-45

4-49 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 45-47
Date Filed 3-5-45

MAY 25 1945

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 C. L. Casey

Licensed Embalmer No. 2694

P. O. Address Iberia, 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.