

No. 300  
10-47  
5-17-39  
I 3908

FILED MAR 16, 1948  
Registration District No. 27

Primary Registration District No. 3023

Registrar's No. 60

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Norris Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs  
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry <sup>42</sup>

(c) City or town Clinton  
(If outside city or town limits, write "RURAL")

(d) Street No. 313 S 3rd St  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lillie May Alexander

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8  
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-15, 1947, to 3-8, 1948  
that I last saw her alive on March 8, 1948  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, 2 divorced widowed

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

7. Birth date of deceased: 11 29 1865  
(Month) (Day) (Year)

Immediate cause of death Seriously

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 8/15

8. AGE: Years 82 Months 3 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Pike Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN

Major findings: 10/8

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business \_\_\_\_\_

12. Name James Waddell

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

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Alexander

(b) Address 3437 Troost Kansas City Mo

17. (a) Burial (b) Date thereof 3-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Sickman & Dunning

(b) Address Clinton Mo

19. (a) 3-9-48 (b) R. R. Rennie  
(Date received local registrar) (Registrar's signature)

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) (or) Means of injury

23. Signature R. R. Rennie (M.D. or other) D.O.  
Address Clinton Mo Date signed 3/9/48

RECEIVED  
District Health Officer No. 7,  
District File Number 2-48-244  
Date Filed 3-15-48

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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.....

*J. R. Houser*

Licensed Embalmer No. 3682

P. O. Address. Calhoun, 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.