

2
3-40
7-39
K23159

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 63

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Bank Hotel
(If not in hospital or institution, write street number or location)

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

In this community 2
years, months or days

3. (a) PRINT FULL NAME Mary Alice Liles

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife T.J. Liles 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan, 17 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James H Moore Jr.

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

14. Maiden name Martha Ann Phillips

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

16. (a) Informant _____

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 10/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J.F. King

(b) Address Aurora Mo.

19. (a) 11-1-40 (b) R. V. Cowan
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Aurora Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Bank Hotel
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 9
year 1940 hour 4 minute 45P. M.

21. I hereby certify that I attended the deceased from Feb 5, 1940 to Oct 9, 1940
that I last saw her alive on Oct 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis not known

Due to _____

Due to 17

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

Major findings: Of operations _____

Of autopsy _____

Duration

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 _____

23. Signature J. Mill Smith (M. D. or other) _____

Address J. W. Pleasant Date signed 10/11/40

Aurora Mo

RECEIVED

District Health Officer No. 6,

District File Number 1140-2815

Date Filed NOV 6 1940

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.....

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.