

FILED OCT 24 1942

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 3751

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 4 Days  
(Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1832 Chelsea Ave  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME Mrs Della K. LILE

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mr William O. Lile 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 28th 1884  
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name William Kimball

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

{ 14. Maiden name Unknown

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

16. (a) Informant Mr William Otis Lile

(b) Address 1832 Chelsea

17. (a) Burial (b) Date thereof 10-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 10-12-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th  
year 1942 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct 7, 1942  
1942, to Oct 11, 1942  
that I last saw her alive on Oct 11, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration

Due to Pulmonary edema 2 days

Due to uremia - due to glomerulonephritis (?)

Other conditions diabetes mellitus (?)  
(Include pregnancy within 3 months of death)

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Major findings: Of operations none PHYSICIAN

Of autopsy none 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 Dr. E. Edwards M. D. or other 9.0.  
Address 2603 Indep. Blvd. Date signed Oct 12, 1942

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**