

No. 4
8-43
5-17-39
X37823

FILED DEC 9 1946
Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 138

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

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Nevada
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
324 West Lee
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 73 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Vernon 108
 (c) City or town Nevada (If outside city or town limits, write "RURAL") 1
 (d) Street No. 324 W. Lee Street (If rural, give location) 2
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country —

3. (a) PRINT FULL NAME LILLIE EARNEST
 3. (b) If veteran, name war
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 14
 year 46 hour — minute — M.
 21. I hereby certify that I attended the deceased from
Nov 6, 1946, to Nov 14, 1946
 that I last saw her alive on NOV 13, 1946
 and that death occurred on the date and hour stated above.

5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife HENRY
 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased: Feb 14 1872
 (Month) (Day) (Year)

Immediate cause of death: Cancer uterus
 Due to _____
 Due to _____
 Other conditions: Myocarditis
 (Include pregnancy within 3 months of death)
 Major findings: —
 Of operations: —
 Of autopsy: 480

8. AGE: 74 Years Months 9 Days
 If less than one day _____ hr. _____ min.

9. Birthplace: Fort Scott Kansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation: Homemaker

MOTHER FATHER
 11. Industry or business: _____
 12. Name: Hazeliah Muchelson
 13. Birthplace: Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name: Rebecca
 15. Birthplace: Unknown Unknown
 (City, town, or county) (State or foreign country)

Duration: Don't know.
 Duration: Don't know.
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant: E. E. Earnest
 (b) Address: Nevada Mo
 17. (a) Burial (b) Date thereof: Nov. 17 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Antioch Cemetery
 18. (a) Signature of funeral director: Ray Funeral Home
 (b) Address: Nevada Mo
 19. (a) 11-27-46 (b) Walter H. Yancy
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (c) 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) (c) Means of injury: —
 23. Signature: W. Sherr (M. D. or other) —
 Address: Nevada, Mo Date signed: 11/20/46

