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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1947

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23944

Primary Registration District No. 2000

Registrar's No. 645

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 715 N. Main Trotter Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1½ years (Specify whether years, months or days)
In this community 1½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Niangua
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Lilly Susan Wantland
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased June (Month) 7, (Day) 1861 (Year)

8. AGE: Years ~~75~~ 86 Months 1 Days 10 If less than one day X hr. X min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
MOTHER FATHER
12. Name Sam Wantland
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Eliza Craig
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant John Wantland (brother)
(b) Address Niangua, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-1947 (Month) (Day) (Year)
(c) Place ~~(burial or cremation)~~ Copening
18. (a) Signature of funeral director Lee Carney
(b) Address Marshfield Missouri
19. (a) 7-19-47 (Date received local registrar) (b) W. Hendley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1947 hour 5 minute p.M.
21. I hereby certify that I attended the deceased from Sam Lee General times to last few months that I last saw her alive on about July 10 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma hand & face	
Due to She had also senile changes	
Due to last few weeks could eat only liquids	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy — no

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 Garrett Hogg (M. D. or other)
Address 110-3 Roanoke Date signed 7/19/47

(Licensed Embalmer's Statement on Reverse Side)

AUG 28 1947

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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 Lex Lainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.