

FILED JUL 26 1948

State File No. _____

Registration District No. 39

Primary Registration District No. 4099

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 54 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 19
(c) City or town Pleasant Hill 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) ?
If yes, name country _____

3. (a) PRINT FULL NAME Lillian Ainsley Bierert

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

4. Sex Fe 1 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles J. Bierert 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased March 24 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 12 hr. min.

9. Birthplace New Middletown Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business at Home

MOTHER FATHER { 12. Name Lemon Herbert Miller
13. Birthplace Unknown Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Zimmerman
15. Birthplace Unknown Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Joyce Bierert
(b) Address Pleasant Hill Mo

17. (a) Burial (b) Date thereof 7-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill by

18. (a) Signature of funeral director J. Reginal Herrick
(b) Address Pleasant Hill Mo

19. (a) July 19, 1948 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1948 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from Aug 1944 to July 6, 1948
that I last saw her alive on 7-3-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Sclerosis of Hypertension

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations A40
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. V. Murray (M. D. number) MD
Address Pleasant Hill Mo Date signed 7-6-48

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. Vergil Herrick

Licensed Embalmer No. *3599*

P. O. Address *Pleasant Hill*

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.