REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6007
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan (b) Registration District No. 86
(b) Township Washington Primary Registration District No. 5127 Registered No. 13
(c) City Hall's Station (d) Street No. Hall's Station St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME VERNON LESTER LEE
(a) Residence, No. Nebraska City, Nebr. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17th. 1918
7. AGE: Years 21 Months 10 Days 0 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunbar, Nebr.

FATHER
13. NAME Thorton Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joliet, Ill.

MOTHER
15. MAIDEN NAME Margaret Ingraham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska City Nebr.

17. INFORMANT Robert E. Lee
(ADDRESS) 1539 N. 19th. Omaha, Nebr.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Nebraska City, Nebr. DATE 2/18/ 1939
19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON INC.
(ADDRESS) St. Joseph, Mo.
20. FILED Feb. 18, 1939 Myrtle M. Kauffman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17th. 1939
22. I HEREBY CERTIFY, That I attended deceased from 2/17th 1939, to ..., 19..
I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at 1.30 A.M.
The principal cause of death and related causes of importance were as follows:

Injuries received when the Auto, in which he was riding left road and collided with a tree on highway no, 45

Date of onset 2/17

Other contributory causes of importance: none

Name of operation ... Date of ...
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2/17, 1939
Where did injury occur? Buchanan county (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury Auto crash into tree
Nature of injury Fractured skull & leg

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 11
District File Number 39-107
Date Filed MAR 10 1939

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 John E. Ruff

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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, above space should be left blank.