

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1939 AUG 1 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26271  
Registrar's No. 70

Registration District No. 566

Primary Registration District No. 5764

1. PLACE OF DEATH:  
(a) County Mississippi Long Prairie  
(b) City or town Phagis  
(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 3 Mo.  
In this community 3 Mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Miss  
(c) City or town Charleston Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MARCY WILLIAM LEE  
8. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 1 1939  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 27  
year 1939 hour 8 minute 45 P.M.  
21. I hereby certify that I attended the deceased from June 21  
1939 to June 27 1939  
that I last saw him alive on June 24 1939  
and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months 2 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Gas Colitis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Mississippi, Co. (City, town, or county) (State or foreign country)  
10. Usual occupation Baby  
11. Industry or business \_\_\_\_\_  
12. Name Marcy Hall Lee  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Ella Mae Meadows  
15. Birthplace Anniston, Mo. (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Marcy Hall Lee  
(b) Address Charleston, Mo  
17. (a) \_\_\_\_\_ (b) Date thereof June 28 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove  
18. (a) Signature of funeral director David N. Shelby  
(b) Address East Prairie, Mo  
19. (a) June 28 39 (b) F. D. Vernon  
Date received local registrar (Registrar's signature) 745

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 Geo W Whitaker (M. D. or other)  
Address East Prairie Mo Date signed 7/6/39

RECEIVED

District Health Officer No. 2,

District File Number 239-89

Date Filed 7-31

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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, above space should be left blank.