WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

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NOV 20 1939

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

35547
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 2 Registration District No. 85
(b) Township or City St Joseph 1 Primary Registration District No. 1001 Registered No. 1066
(c) (d) Street No. 2718 Patee 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sallie M. Lee
(a) Residence, No. 2718 Patee 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Merideth Lee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 11th. 1876
7. AGE: Years 63 Months 2 Days 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Liberty Kentucky

FATHER
13. NAME: William Cochran
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Kentucky

MOTHER
15. MAIDEN NAME: Harriett Kimball
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Kentucky

17. INFORMANT (ADDRESS): Mrs. Myrtle Roberts 2718 Patee St Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Moreland, Kentucky DATE: Oct. 19th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): FLEEMAN & SON, INC. 1946 Calhoun St. Joseph, Mo.
20. FILED: Oct. 19 1939 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct, 18th 1939, to viewed, 19..
I last saw her alive on ########, 19.... Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	

92.0

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? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

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)

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 C. L. Swan

Licensed Embalmer No. 4083

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.