DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11336

Registration District No. 411 | Primary Registration District No. 2002 | Registrar's No.

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN MO (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joplin 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — In this community 24 YRS — (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JASPER
(c) City or town JOPLIN MO: (If outside city or town limits, write "RURAL")
(d) Street No. 530 ST. LOUIS AVE: (If rural, give location)
(e) If foreign born, how long in U. S. A.? NO years.

3. (a) PRINT FULL NAME CHARLES W. LEE.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NO
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB. 25, 1925. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
15	0	28.	hr. min.

9. Birthplace DE SOTO MO: (City, town, or county) (State or foreign country)
10. Usual occupation STUDENT
11. Industry or business
FATHER 12. Name CH AS. LEE
FATHER 13. Birthplace MO: (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name RHODA LEE
MOTHER 15. Birthplace WIER CITY KANSAS: (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Rhoda A Lee
(b) Address 530 ST. LOUIS ST: JOPLIN MO.
17. (a) SPRINGVALLEY (Burial, cremation, or removal) (b) Date thereof 3/25/40 (Month) (Day) (Year)
(c) Place: burial or cremation SPRINGVALLEY CEM.
18. (a) Signature of funeral director HURLBUT UND. CO:
(b) Address JOPLIN MO: 3/12
19. (a) 3-23-40 (Date received local registrar) (b) Ed Dennis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 22, 1940 year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on March 22 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide - accident — Duration
Due to Car running while in closed building
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Inquest

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) accident
(b) Date of occurrence March 22-1940
(c) Where did injury occur? Joplin Jasper MO (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Building around car lot (Specify type of place)
While at work? No (e) Means of injury Carbon Monoxide
23. Signature A. A. Winchester, Coroner (M. D. or other)
Address Joplin, Mo. Date signed 3-4-40

(Licensed Embalmer's Statement on Reverse Side)

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.

I X19511

RECEIVED
District Health Officer No. 6,
District File Number 440-1063
Date Filed APR 1 0 1940

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 Perry H. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.