DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19426

Registration District No. 775 | Primary Registration District No. 6030 | Registrar's No. 47

1. PLACE OF DEATH:
(a) County: St Francois
(b) City or town: Bonne Terre Mo R-1
(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: 9 (Specify whether years, months or days)
In this community: 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Arkansas (b) County:
(c) City or town: El Dorado
(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: BEN LEE
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct (Month) 6 (Day) 1914 (Year)
8. AGE: Years 25 | Months 5 | Days 19 | If less than one day: hr. min.
9. Birthplace: Mapville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: Dick Lee
13. Birthplace: Toledo (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Ann Young
15. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country)
16. (a) Informant's own signature: Goldie Lee
(b) Address: Bonne Terre Mo R-1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 28 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Cemetery B. Terre Mo
18. (a) Signature of funeral director: Benham Funeral Co
(b) Address: 313 Benham St Bonne Terre Mo
19. (a) 5-28-40 (Date received local registrar) (b) N. W. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25 year 40 hour 7 minute 0 M.
21. I hereby certify that I attended the deceased from 5-24, 1940, to 5-25, 1940, that I last saw him alive on 5-24, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Hemorrhage	1 h
Due to: Pulmonary TB	unk
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: H. C. Gaebe (M. D. or other)
Address: Desloge Mo Date signed: 5-26-40

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER—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.

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 P. L. Bonham

Licensed Embalmer No. 3376

P. O. Address Bonne Terre, 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.