No. 2
1-10-39
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21869

Registration District No. FILED 3 JUL 17 1940 Primary Registration District No. 4222 Registrar's No. 44

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lee Hosp. (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Howard,

(c) City or town Fayette, (If outside city or town limits write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Annie Lee, 000

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles H. Lee.

6. (c) Age of husband or wife if alive 1872 years

7. Birth date of deceased May (Month) II (Day) 1872 (Year)

8. AGE: Years 68 Months I Days 6 If less than one day hr. min.

9. Birthplace Howard Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home. 0

11. Industry or business

FATHER
12. Name George Hiram Wilcoxson, 1
13. Birthplace Missouri, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Richardson,
15. Birthplace Kentucky, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charles Lee,
(b) Address Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetary,

18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.

19. (a) July 8, 1940 (Date received local registrar) (b) Mrs V. A. Bonham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 17 year 1940 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from April 2, 1926, to June 17, 1940 that I last saw her alive on June 17, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute urinary retention	6-16-40
Due to Chronic nephritis	1930
Due to Hypertension + myocarditis	1928
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	

Major findings: Of operations none 54

Of autopsy none

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? 339 (e) Means of injury

23. Signature Wm J. Shaw (M. D. or other) M.D.

Address Fayette, Mo. Date signed 6-22-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
Disease File Number 7-15-40
Date Filed

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 Guy T. Hacey

Licensed Embalmer No. 2966

P. O. Address Fayette 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.