

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.

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

**25469**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County  Jasper  Registration District No.  417   
 (b) Township  JOPLIN  Primary Registration District No.  3021  Registered No.  78   
 (c) City  North City  (d) Street No.  623 N   DEVON  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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**  Florence Joy Lee

(a) Residence, No.  623 N. Devon St.  St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX  Female  4. COLOR OR RACE  White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  Golden Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  March 23 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	45	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  Housewife   
 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)  Stockton, Calif.

FATHER

13. NAME  John S. Sumner   
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  Missouri

MOTHER

15. MAIDEN NAME  Anna Lee   
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  Kentucky

17. INFORMANT (ADDRESS)  Golden Lee, North City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE  North City, Mo.  DATE  7/19/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS)  North City, Mo.

20. FILED JULY 19, 19 40   J. Z. Critchfield, M.D.  Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR)  July 18, 1940

22. I HEREBY CERTIFY That I attended deceased from  June 19, 1940  to  July 18, 1940   
 I last saw him alive on  July 17, 1940  Death is said to have occurred on the date stated above, at  5:15 a.m.   
 The principal cause of death and related causes of importance were as follows:

Date of onset
<u> Cause of death: Cancer of Uterus </u>
Other contributory causes of importance: <u> HS </u>

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed)  O. J. Gregory, M.D.  Address  \_\_\_\_\_, Mo.

40-8-205

**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 myself,  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Rayton M. Johnston  
Licensed Embalmer No. 3,922  
P. O. Address Webb City - 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.**