

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

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3159

MAILED SEP 24 1940
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State File No. _____

Registration District No. _____

Primary Registration District No. 3030

Registrar's No. 118

1. PLACE OF DEATH:
 (a) County Mississippi
 (b) City or town Charleston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Vine Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 years
(Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Miss.
 (c) City or town Charleston, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. Vine Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Virgie M. Lee
 3. (b) If veteran, name war X X X
 3. (c) Social Security No. X X X

4. Sex Female 5. Color or race Col.
 6. (a) Single, widowed, married, divorced single
 6. (c) Age of husband or wife if alive XXX years
 7. Birth date of deceased: May 31 1928
(Month) (Day) (Year)

8. AGE: Years 12 Months 2 Days 18
 If less than one day _____ hr. _____ min.

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

10. Usual occupation School Girl

11. Industry or business School Girl

MOTHER FATHER {
 12. Name James Lee
 13. Birthplace Don't Know Mississippi
(City, town, or county) (State or foreign country)
 14. Maiden name Lucy Davis
 15. Birthplace Don't Know Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Lucie Davis
 (b) Address Charleston, Mo.

17. (a) Burial (b) Date thereof 8-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director Leir-Nunnelee Service
 (b) Address Charleston, Mo.

19. (a) 8-20-40 (b) J. J. Vernon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug... day 19th.
 year 1940 hour 12 minute Noon M.
 21. I hereby certify that I attended the deceased from _____
they had no physician 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Pneumonia
This is history as given by the family
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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? _____

745
 (Specify type of place) _____
 While at work? _____ (c) Means of injury _____
 23. Signature Frank Vernon
 Address Charleston Mo Date signed _____

RECEIVED

District Health Officer No. 2

District File Number 940-139

Date Filed 9/3/40

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.