

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.

RECORDED
OCT 10 1940

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

33423
Do not use this space.

1. PLACE OF DEATH

(a) County Webster Registration District No. 897

(b) Township Webster Primary Registration District No. 4543

(c) City Seymour (d) Street No. _____ St. _____

(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 Willmetta Lee

(a) Residence, No. Seymour St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>33</u>	<u>11</u>	<u>27</u>	

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from June, 1940, to August 1940, 1940. I last saw her alive on Aug 27, 1940. Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus Date of onset 1939

Other contributory causes of importance: Secondary Carcinoma of rectum, Liver & Stomach. Dehydration

Name of operation _____ Date of operation _____

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? Yes

If so, specify _____ (Signed) H. G. P. D. M. D.

(Address) Seymour, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Gus Pitchford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT John Lee (ADDRESS) Seymour Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seymour Cem. DATE Aug 29 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kelley Ferrell Seymour, Mo.

20. FILED Sept 4 1940 H. E. Wimmer Local Registrar.

RECEIVED

District Health Officer No. 61

District File Number 1040-2697

Date Filed OCT 11 1940

SEP 28 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 *H. H. Kelley*

Licensed Embalmer No. *3334*

P. O. Address *Superior, Minn.*

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.