No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41883

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1329

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

1. PLACE OF DEATH:
(a) County Buchanan, 1
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day, (Specify whether
In this community 1 Year, 3 months,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
0
(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 1418 South 10th. Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Carol Jean Lee,
3. (b) If veteran, name war None, 3. (c) Social Security No. None,
4. Sex Female 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 September 17, 1939, (Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Saint Joseph, Missouri, 0
(City, town, or county) (State or foreign country)
10. Usual occupation Child, 1
11. Industry or business
FATHER 12. Name Donald W. Lee, 1
13. Birthplace Fisher, Washington,
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Josephine Robinson,
15. Birthplace Wagner, South Dakota,
(City, town, or county) (State or foreign country)
16. (a) Informant Donald W. Lee
(b) Address 1418 So. 10th. Street,
17. (a) Burial (b) Date thereof 12/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery,
18. (a) Signature of funeral director Healon-Bitsch Bowman Funeral
(b) Address 319 So. 10th. Str. Home
19. (a) Dec 18-1940 (b) H J Westlebush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th.
year 1940 hour 12:00 minute 35 a M.
21. I hereby certify that I attended the deceased from
Dec. 16, 1940, to Dec. 17, 1940;
that I last saw her alive on December 17, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3da
Due to	
Due to 107 N	
Other conditions Malaenius (Include pregnancy within 3 months of death)	6 mos

Major findings:
Of operations None
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?
85 (Specify type of place)
While at work? (e) Means of injury
23. Signature W Roger Moore (M. D. or other) MD
Address St Joseph Mo Date signed 12/17/40

(Licensed Embalmer's Statement on Reverse Side)

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 12-17-40

Registered Apprentice No.

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3007

P. O. Address 319 So. 10 St. Joseph

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, fact should be so stated above.