

FILED JAN 25 1941

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

42153

Do not use this space.

## 1. PLACE OF DEATH

(a) County CHRISTIANRegistration District No. 185-(b) Township SPARTAPrimary Registration District No. 5-25-8

Registered No. \_\_\_\_\_

(c) City \_\_\_\_\_

(d) Street No. \_\_\_\_\_ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME TENNESSEE CAROLINE LEE(a) Residence, No. SPARTA 0 St. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF \_\_\_\_\_  
(OR) WIFE OF W. H. LEE6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 30, 1869

7. AGE YEARS <u>71</u>	MONTHS <u>10</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.
	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) MISSOURI13. NAME A. M. YORK14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KEOKUCK, IOWA15. MAIDEN NAME MARTHA PRICHARD16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SENECA, MISSOURI17. INFORMANT (ADDRESS) W. P. EVANS - 715 FRISCO Bldg. St. Louis, Missouri18. BURIAL, CREMATION, OR REMOVAL  
PLACE HOLLAND CEMETARY DATE DEC. 14, 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) RATHBUN and CHAFFIN SPARTA, MISSOURI20. FILED 1-4 1941 Josephine Merritt Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 13, 194022. I HEREBY CERTIFY, That I attended deceased from Dec. 10 - 1940, to Dec. 12 - 1940I last saw her alive on Dec. 12 - 1940. Death is said to have occurred on the date stated above, at 3:30 P. M.

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

<u>Hypostatic Pneumonia</u>	Date of onset <u>12-12-40</u>
<u>Cerebral Hemorrhage</u>	<u>12-10-40</u>

Other contributory causes of importance:

Hypertension, Vascular, Idiopathic.

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) Dr. Harry H. Hilsaert, M. D.(Address) Sparta, Mo.

RECEIVED

District Health Officer No. 1

District File Number 141-94

Date Filed JAN 11 1947

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**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 with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**