

MAR 17 1941
Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 34

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1020 Clinton St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 60 Years

3. (a) PRINT FULL NAME Tena Zerbonia 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 Married
 6. (b) Name of husband or wife Sam Lee
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 12, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beulah Cruse

(b) Address Italy

17. (a) Burial (b) Date thereof 2-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (e) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Feb 17, 1941 (b) E. G. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49
 (a) State Missouri (b) County Jasper
 (c) City or town Carthage
(If outside city or town limits, write "RURAL")
 (d) Street No. 1020 Clinton St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15,
 year 1941 hour 2:10 minute P. M.

21. I hereby certify that I attended the deceased from February 11th, 1941 to February 13th, 1941
 that I last saw her alive on February 13th, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Arteriosclerosis
Chr. Nephritis
 Due to _____

Duration
4 yrs
7 days
49 hrs

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations None
 Of autopsy None

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) None
 (b) Date of occurrence None
 (c) Where did injury occur? None
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature George H. Wood (M. D. or other) M.D.
 Address 304 Grant St. Date signed 2/17/41

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

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..... *Eddeema*
Licensed Embalmer No..... *2222*
P. O. Address..... *Cartage*

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.