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MAILED MAY 13 10 44 AM

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 15435

Registration District No. 659 Primary Registration District No. 5826 Registrar's No. 84

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural ----- Cingue-Homme
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 77-5-17
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Mary B. Lee
(b) If veteran, name war
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 12
year 1941 hour 8 minute 30 A.M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Lee
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Oct. 25 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15 1941 to April 12 1941
that I last saw her alive on April 10 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 5 Days 17
If less than one day hr. min.

Immediate cause of death Coronary occlusion 1 week
Due to Coronary sclerosis 2 yrs
Chrom. myocarditis 2 yrs
Arteriosclerosis
Other conditions
(Include pregnancy within 3 months of death)

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

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation House Wife
11. Industry or business
12. Name William Rudesale
13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Harriet A. Hoffmann
15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Sides
(b) Address Perryville R.F.D.
17. (a) Burial (b) Date thereof April 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation York Chapel, Mo.
18. (a) Signature of funeral director Youngmans
(b) Address Perryville Mo.
19. (a) 4-14-1941 (b) Martin Mackel
(Date received local registrar) (Registrar's signature)

23. Signature Oscar Carron (M. D. or other)
Address Perryville, Mo. Date signed 4/12-41

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 *Wallace Young*.....

Licensed Embalmer No. *4027*.....

P. O. Address *Perryville Mo*.....

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.