

No. 2
7-39

JUL 10 1941
Registration District No. **85**

Primary Registration District No. **1001**

11
1
7
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2201 S. 11th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community 1 year.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2201 S. 11th Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mattie Lee
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased June 19 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>21</u>	hr. _____ min.

9. Birthplace Maryville Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer
 11. Industry or business Farm

MOTHER FATHER
 12. Name James L. Lee
 13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name MARIE
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F.W. Sullivan
 (b) Address 2201 S. 11th Str. St. Joseph, Mo.

17. (a) Removal (b) Date thereof June 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
St. Joseph's Cem. Easton, Mo.
 (c) Place: burial or cremation

18. (a) Signature of funeral director William W. Anderson
 (b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) June 17 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
 year 1941 hour 5 minute 30 P.M.
 21. I hereby certify that I attended the deceased from 9 - 2 -
1940 to 6 - 10 1941;
 that I last saw him alive on 6 - 9 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis
Nephros Week
 Duration _____

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

Major findings: _____
 Of operations _____
 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?

23. Signature Wm B. Anderson (M. D. or other) MD
 Address 1802 Union Str. St. Joseph, Mo.
 Date signed 6-11-41

122
MAY 26 1922

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.....

Chas. E. Hodges

Licensed Embalmer No. 2729.....

P. O. Address St. Joseph, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21148
Registrar's No. 605

Registration District No. 85

Primary Registration District No. 1201

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Charles Gray Lee
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____ (Month) (Day) (Year)
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 21 If less than one year _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-26-41 (b) H. J. Neetebush (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

(Immediate cause of death)

acute nephritis Duration _____

Due to uremia

Due to condition followed an acute respiratory infection of pneumococcal type, the pneumonia was apparent, however pleuritic

Major findings: as above during the interval

Of autopsy _____

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? _____

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

23. Signature H. J. Neetebush (M. D. or other) _____

Address Supervisor Bldg Date signed 8-21-41

SUPPLEMENTARY

APR 26 10 49 AM