

FILED JUL 11 1941

A. A. M. Gray  
21880

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin - mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Johna Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Cherokee  
(c) City or town Baxter Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 437 E 15 St (If rural, give location)  
(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME Frank R. Lea

3. (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 Lena Lea 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased December 28 1897  
(Month) (Day) (Year)

8. AGE: Years 43 Months 5 Days 24 If less than one day — hr. — min.

9. Birthplace Newton County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Auto trimmer

11. Industry or business Garage

12. Name W H Lea

13. Birthplace Newton County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Hutton

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

16. (a) Informant Lena Lea

(b) Address Baxter Springs

17. (a) Burial (b) Date thereof 6-24-1941  
(Burial, cremation) (Month) (Day) (Year)

(c) Place: Burial Osborn Memorial

18. (a) Signature of funeral director W H Harvey

(b) Address Baxter Springs Mo

19. (a) 6-24-41 (b) W B Jerry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1941 hour 11 minute 20 A.M.  
21. I hereby certify that I attended the deceased from June 11 1941, to 6-22 1941, that I last saw him alive on 6-22 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Vasa Motor Collapse  
Due to Peritonitis  
Due to Ruptured diverticulum of the sigmoid  
Other conditions (Include pregnancy within 3 months of death) 18

Major findings: Ruptured diverticulum of sigmoid Peritonitis  
Of operation Peritonitis  
Of autopsy Peritonitis

Duration  
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? \_\_\_\_\_  
372 W B Jerry (Specify type of place) (e) Nature of injury  
23. Signature W B Jerry (M. D. or other) 0  
Address Baxter Springs Date signed \_\_\_\_\_

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

No. 2  
-10-39  
17-39  
X21492

41-7-616

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 J. Swene (at Harvey's) Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

J. Swene

Licensed Embalmer No.

2880

P. O. Address

Baxter Springs 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, above space should be left blank.