

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **178**

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
 (c) Name of hospital or institution: 2121 E 71
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 23 yrs
 (Specify whether years, months or days)
 In this community 23 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2121 E 7
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 5 day 16
 year 1941 hour 6 minute p M.

4. Sex F
 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John W Lee
 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased: Jan 31 1860
 (Month) (Day) (Year)
 8. AGE: Years 41 Months _____ Days 0
 If less than one day hr. _____ min. _____

21. I hereby certify that I attended the deceased from 1939 19 _____ to 5/16 1941
 that I last saw him alive on 5/18 1941
 and that death occurred on the date and hour stated above.

9. Birthplace Benton Co MO
 (City, town or county) (State or foreign country)
 10. Usual occupation House wife

Immediate cause of death Senile dementia
 Due to Senility
 Due to 16 71
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Edward Greshaw
 13. Birthplace Calhoun MO
 (City, town or county) (State or foreign country)
 14. Maiden name Mary Harris
 15. Birthplace Texas
 (City, town or county) (State or foreign country)

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

16. (a) Informant Robert Lee
 (b) Address Sedalia, Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/41
 (Month) (Day) (Year)
 (c) Place: burial or cremation Crown Hill
 18. (a) Signature of funeral director Ms. Laughlin Burr
 (b) Address Sedalia Mo
 19. (a) 5/19/41 (Date received local registrar) (b) Harvey Sneed (Registrar's signature)

23. Signature Dyer (M. D. or other) Dyer
 Address Sedalia MO Date signed 5/19/41

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

JUL 18 1944

to Filed 6-11-44
District File Number
District Health Officer No. 8
RECEIVED

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..... *Robert H. Reed*
Licensed Embalmer No. *3740*
P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.