No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24780

58 1941

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 89

1. PLACE OF DEATH:
(a) County: Carroll
(b) City or town: Carrollton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 303 East Fourth.
(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: 41 yrs.

2. USUAL RESIDENCE OF DECEASED: 017
(a) State: Missouri (b) County: Carroll
(c) City or town: Carrollton Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 303 East Benton.
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: O

3. (a) PRINT FULL NAME: LAWRENCE-WILLIAM-LEE
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married.
6. (b) Name of husband or wife: Mary Lee.
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: June (Month) 13. (Day) 1875. (Year)

8. AGE: Years	Months	Days	If less than one day
66	1	13.	____ hr. ____ min.

9. Birthplace: Denver (City, town, or county) Ohio. (State or foreign country)
10. Usual occupation: Engineer & Farmer.
11. Industry or business ____
FATHER
12. Name: Lawrence William Lee.
13. Birthplace: Denver (City, town, or county) Ohio. (State or foreign country)
MOTHER
14. Maiden name: Louisa - Lee.
15. Birthplace: Denver (City, town, or county) Ohio. (State or foreign country)
16. (a) Informant: Jessie-Lee - Whitley.
(b) Address: Carrollton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethlehem.
18. (a) Signature of funeral director: Willis Marshall.
(b) Address: Carrollton Mo.
19. (a) 7-27-41 (Date received local registrar) (b) Ruth Hoskins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th year 1941 hour 10 minute 45 P.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	Duration
Nephritis, Acute	2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Myocarditis, Chronic	2 yrs

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: John H Pitts (M. D.)
Address: Carrollton, Mo. Date signed 7/28/41

150 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-6-41

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Canaan, Ill

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

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

, S. No. 2B
DM—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24780

Registration District No. 135 — Primary Registration District No. 3010 — Registrar's No. 89

1. PLACE OF DEATH:
(a) County: Carroll
(b) City or town: Carrollton
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Lauren W. 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 years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. 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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 26 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: Nephritis acute / Cause unknown. History indicates that patient had a preceding chronic nephritis. — Duration
Due to
Due to Myocarditis, Chronic
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

John F. Clatz
Carrollton Mo