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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35251

Registration District No. 4 17

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)
In this community: 1 wk - 0

2. USUAL RESIDENCE OF DEACESED:
(a) State: Michigan (b) County: 999 20
(c) City or town: Kalamazoo 0
(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.? 8 years.

3. (a) PRINT FULL NAME: Helen Lucille Lee

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: March 6, 1940 (Month) (Day) (Year)

8. AGE: Years 1 Months 7 Days 2 If less than one day hr. min.

9. Birthplace: Stella (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: child

11. Industry or business:

MOTHER FATHER
12. Name: Virgil Lee
13. Birthplace: Wheaton (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Lucy Daniels
15. Birthplace: Taney County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Virgil Lee
(b) Address: Kalamazoo, Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-10-41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Washburn, Missouri

18. (a) Signature of funeral director: Lanpher Mortuary
(b) Address: Joplin, Missouri

19. (a) 10-9-41 (Date received by local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th year 1941 hour 10:35 minute a M.

21. I hereby certify that I attended the deceased from 10/7/41, 19, to 10-8-41, 19; that I last saw her alive on 10-8-41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ileo-colitis -	3 days
Due to:	
Due to: Dehydration & acidosis	24 hr.
Other conditions (Include pregnancy within 3 months of death): 2	
Major findings: Of operations: 1190	
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: Willen Hunnard (M. D. or other) D
Address: Joplin Mo Date signed 10/9/41

(Licensed Embalmer's Statement on Reverse Side)

41-11-933

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.