S. No. 2
1-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42564

Registration District No. 1475 Primary Registration District No. 4355 Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County MORGAN.
(b) City or town VERSAILLES, MO. Twn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MORGAN. 71
(c) City or town VERSAILLES
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME PEGGY RUTH LEES
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Infant 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 9 (Day) '41 (Year)

8. AGE: Years	Months	Days	If less than one day
0	9	2	hr. min.

9. Birthplace Versailles, Mo. (City, town, or county) Mo 11 (State or foreign country)
10. Usual occupation INFANT.
11. Industry or business
FATHER
12. Name MANCIL T. LEES
13. Birthplace MORGAN Co. (City, town, or county) Mo. 11 (State or foreign country)
MOTHER
14. Maiden name OPAL EDWARDS
15. Birthplace MORGAN Co. (City, town, or county) Mo. 11 (State or foreign country)
16. (a) Informant Mancil Lees,
(b) Address Versailles, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/41. (Month) (Day) (Year)
(c) Place: burial or cremation Versailles Cem'ty.
18. (a) Signature of funeral director W. T. Underwell
(b) Address Versailles Mo.
19. (a) Dec-13-41 (Date received local registrar) (b) Roy Birkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 11, year 1941 hour minute 1 P. M.
21. I hereby certify that I attended the deceased from Dec 10, 1941, to Dec 11, 1941 that I last saw him alive on Dec 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	4 days
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature A J Gunn (M. D. ~~or other~~)
Address Versailles, Mo Date signed 12-13-41

1024. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-41-2138
Date Filed 1-12-42,

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 H. T. Kidwell

Licensed Embalmer No. 1596

P. O. Address Versailles Mi

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.

V. S. No. 2B
10M—8-21-41
I X29288

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. 42564

Registration District No. 1475 Primary Registration District No. 4355 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Versailles
(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)

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 Peggy R. Lees

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 9 (Day) 1941 (Year)

8. AGE: Years — Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
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 Dec day XX
year 1941 hour minute M.

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

Immediate cause of death Duration
Broncho Pneumonia

Due to

Due to

Other conditions none known from history.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 107

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 A J Gunn (M. D. ~~or other~~)
Address Versailles Mo Date signed 2-4-42

S-42564