No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3946

Registration District No. 1046 Primary Registration District No. 5810 Registrar's No.

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rt #3 Joplin, Missouri (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 Life Time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Joplin, Mo — Rt #3 (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 Wesley Lea
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 3 (Day) 1881 (Year)
8. AGE: Years 60 Months 8 Days 27 If less than one day hr. min.
9. Birthplace Joplin (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business Miner
FATHER 12. Name James J. Lea
FATHER 13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Mary Daugherty
MOTHER 15. Birthplace Joplin (City, town, or county) Mo (State or foreign country)
16. (a) Informant Earnest Lea
(b) Address Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-42 (Month) (Day) (Year)
(c) Place: burial Burial Mornett Cem
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Mo.
19. (a) 1-16-42 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from January 14, 1942, to January 15, 1942
that I last saw him alive on January 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, chr. — Duration 2 mo
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

23. Signature (M. D. or coroner)
Address Joplin Mo Date signed 1-16-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 242-261
Date Filed FEB 13 1942

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 David Dillow

Licensed Embalmer No. 3898

P. O. Address Joplin, 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, fact should be so stated above.