

FILED MAR 2 1942

Primary Registration District No. **4178**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **FRANKLIN**

(b) City or town **ST. CLAIR**
(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)

3. (a) PRINT FULL NAME **Charles Lee**

3. (b) If veteran, name war _____

3. (c) Social Security No. **494-03-2858**

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ETHEL COX-LEE**

6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased: **Nov 11 1908**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	3		hr. _____ min. _____

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

10. Usual occupation **FACTORY WORKER**

11. Industry or business **SHOE MFG.**

12. Name **Mike Lee**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Alice**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ethel Lee**

(b) Address **St. Clair, Mo.**

17. (a) Burial **Burial** (b) Date thereof **Feb. 13 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Zion**

18. (a) Signature of funeral director **C. J. Lewis**

(b) Address **St. Clair Missouri**

19. (a) **2/13/1942** (b) **P. J. King**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **FRANKLIN**

(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **11**
year **1942** hour **7:00** minute **A.** 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: **Fractured Neck**

Due to: **Basil fracture skull**

Due to: **Fractured Right leg**

Other conditions: **lacerations over body**

Major findings: **was hit by car while he was putting air in his tires**

Of operation: _____

Of autopsy: _____

Duration _____

PHYSICIAN _____

Underline 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) **Accident**

(b) Date of occurrence **February 11, 1942**

(c) Where did injury occur? **St. Clair Franklin Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street
(Specify type of place)

While at work? **No** Means of injury **fractured neck & skull**

23. Signature **Ernest P. Ottman** (M.D. or brother) _____
Address **Gerald, Missouri** Date signed **2-11-42**

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. M. Lent

Licensed Embalmer No. *3601*

P. O. Address.....

St. Clair 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.

