

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7257
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 578
(b) Township Liberty Primary Registration District No. 4323
(c) City Palmyra (d) Street No. 1
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 2 yrs. mos. 0 ds.

2. PRINT FULL NAME

Louis Wheeler Lee
(a) Residence, No. Palmyra, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Naomis Willis Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 4 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Missouri

FATHER 13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER 15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Maggie B. Lee
Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood, Cem. DATE 3/2/42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lewis Bros
Palmyra, Mo.

20. FILED 3/2 1942 Mrs. Margaret Maddy
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 19 42

I HEREBY CERTIFY, That I attended deceased from Jan 30 to Feb 27, 1942
I last saw him alive on Feb 27, 1942 Death is said to have occurred on the date stated above, at 5:00p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate & Metastasis to bladder Date of onset

Other contributory causes of importance:

Name of operation 51 f Date of no
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Jeffrey M.D. M. D.
Palmyra Mo (Address)

(Licensed Embalmer's Statement on Reverse Side)

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.....

Ross Lewis

Licensed Embalmer No.....

2382

P. O. Address.....

Palmyra S.C.

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, above space should be left blank.