

FILED AUG 13-1942

Registration District No. 39

Primary Registration District No. 4094

Registrar's No. 1157

19
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Leas
(b) City or town Garden City, Mo
(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 MO (b) County Leas
(c) City or town Garden City, MO
(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.? Th. S. (Paw) years

8. (a) PRINT FULL NAME Herschel J Lee

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (c) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ella Lee (c) Age of husband or wife if alive 45 years

7. Birth date of deceased November 30, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 6 26 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Thomas Lee

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

14. Maiden name Grace Huntably

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

16. (a) Informant Mrs. H. G. Lee

(b) Address Garden City, Mo.

17. (a) Burial (b) Date thereof June 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address Garden City, Mo.

19. (a) Aug 3, 1942 (b) Margaret Talle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 14
1942 to June 26 1942
that I last saw him alive on June 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery

Due to Can not say

Due to _____
Other conditions (Include pregnancy within 3 months of death) 92.2

Major findings: Of operations _____
Of autopsy no

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? _____

While at work? No (Specify type of place) (d) Means of injury X (C)
23. Signature Frank B Ellis (M. D. or other)
Address Garden City Mo Date signed June 22

SEP 30 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 _____

J.M. Keefe, Registered Apprentice No. *1030*
working under my personal supervision.

Signed *J.M. Keefe*
Licensed Embalmer No. *1030*
P. O. Address *St. Louis, 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, above space should be left blank.