

Registration District No. **408** Primary Registration District No. **3020**

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

1. PLACE OF DEATH:  
(a) County **Jasper**  
(b) City or town **Carthage City**  
(c) Name of hospital or institution:  
**509 W. Oak St. 1**  
(d) Length of stay: **In hospital or institution**  
In this community **2 days**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Rural**  
(d) Street No. **Route #2, Carthage**  
(e) Citizen of foreign country? **No.**  
If yes, name country

3. (a) PRINT FULL NAME **George Earl Lee**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased **Jan. 30th, 1941**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **9th**  
year **1942** hour **8:50** minute **P.** M.  
21. I hereby certify that I attended the deceased from **July 8**  
1942 to **July 9** 1942;  
that I last saw him alive on **on July 4** 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**1** **5** **9**  
hr. min.

Immediate cause of death **Pneumonia**  
**Streptococcus Pneumonia**  
Due to **following Whooping Cough**  
Duration **3 days**  
**One week**

9. Birthplace **Carthage, Missouri**  
10. Usual occupation

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **9**  
Of autopsy

11. Industry or business  
MOTHER FATHER { 12. Name **Paul A. Lee**  
13. Birthplace **Warrensburg, Missouri**  
14. Maiden name **Mabel H. Briden**  
15. Birthplace **Sacramento, Calif.**

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury

16. (a) Informant **Mr. Paul Lee.**  
(b) Address **Route #2, Carthage, Mo.**  
17. (a) **Burial** (b) Date thereof **7-12-42**  
(c) Place: burial or cremation **Park Cemetery**  
18. (a) Signature of funeral director **Ed. C. Ulmer**  
(b) Address **1208 Garrison, Carthage, Mo.**  
19. (a) **July 11, 1942** (b) **Elizabeth Couplin**

23. Signature **Ed. D. Hatcher**  
Address **104 1/2 S. Main Carthage** Date signed **July 11 1942**

42-7-606

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**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 E. L. Lerner

Licensed Embalmer No. 2222

P. O. Address Carthage

**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.**