FILED AUG 12 1942

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V. S. No. 2
M—11-10-39
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 39

51
1
0

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Holden Ter
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 60Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson 51

(c) City or town Holden 1
(If outside city or town limits write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Belle Lee

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Tom Lee

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

7. Birth date of deceased Unknown (Month) (Day) 1854 (Year)

8. AGE: Years 88 Months Unknown Days If less than one day hr. min.

9. Birthplace (City, town, or county) Ky. 1 (State or foreign country)

10. Usual occupation House Work

11. Industry or business House Work

FATHER
12. Name Allen Anderson
13. Birthplace (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Tom Hunley
(b) Address Holden, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director J. H. Murray
(b) Address Holden, Mo.

19. (a) Aug. 5 (Date received local registrar) (b) Mrs Frank Morrin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1942 hour 6 minutes 30 P.M.

21. I hereby certify that I attended the deceased from April 3, 1939, to Aug 3, 1942, that I last saw her alive on Aug 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93d

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Kelly Rawlins (M. D. [illegible])
Address Holden Mo Date signed 8/5/42

(Licensed Embalmer's Statement on Reverse Side)

ED

District Health Officer No. 8,

District File Number

Date Filed 8-16-42

JUL 30 1948

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 Me

, Registered Apprentice No.,

working under my personal supervision.

Signed J. H. Murray

Licensed Embalmer No. 2883

P. O. Address Holden, 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.