S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31238

Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 16

**1. PLACE OF DEATH:**
(a) County St Francois
(b) City or town Elvins (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)
In this community

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County St Francois
(c) City or town Elvins (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.? 0 years.

3. (a) PRINT FULL NAME Donald Dale Lee
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) 8 (Day) 42 (Year)
8. AGE: Years | Months | Days | If less than one day 12 hr. min.
9. Birthplace Elvins (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Noah Lee
13. Birthplace Sandwich (City, town, or county) Mo (State or foreign country)
14. Maiden name Myrtle Strickler
15. Birthplace St Francois Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant M. Lee
(b) Address Elvins Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Sparks
(b) Address Elvins Mo
19. (a) 9-9-1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9 day 9 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 8-8, 1942, to 9-, 19..; that I last saw him alive on 9-8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Premature
8 1/2 months
Due to gestation
(Twin first born)
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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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 [illegible] (M. D. or other)
Address Flat River Mo Date signed 9/9/42

1176 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1042-1226
Date Filed 10-13-42

## 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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

**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.**