

No. 2
9-4-41
5-17-39
1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2255**
Registrar's No. **15**

FILED JAN 30 1943
128
1943

Registration District No. _____ Primary Registration District No. **5466**

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

1. PLACE OF DEATH:
 (a) County **GREENE**
 (b) City or town **Springfield Rural S. Campbell**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 yrs. 4 mos. 13 da**
(Specify whether years, months or days)
 In this community **3 Years, 4 Mos., 13 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mississippi** (b) County **Lincoln**
 (c) City or town **Brookhaven, RFD #3**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **LEA, Gus Will**
 (b) If veteran, name war **No**
 (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **7**
 year **1943** hour **3** minute **50** A.M.
21. I hereby certify that I attended the deceased from **August 25, 1939**, to **Jan. 7, 1943**
 that I last saw him alive on **Jan. 7, 1943**
 and that death occurred on the date and hour stated above.

4. Sex **male** **5. Color or race** **white**
6. (a) Single, widowed, married, divorced, separated **1**
6. (b) Name of husband or wife **Annie Wilson**
6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **September 22, 1901**
(Month) (Day) (Year)

Immediate cause of death **Tuberculosis, pulmonary, chronic, far advanced**
 Duration _____

8. AGE:
 Years **41** Months **3** Days **15**
 If less than one day hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
1381
PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER

9. Birthplace **Brookhaven, Miss.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Saw-mill worker**
11. Industry or business _____
12. Name **Will Lea**
13. Birthplace **Unknown, U.S.A.**
(City, town, or county) (State or foreign country)
14. Maiden name **Rose White**
15. Birthplace **Unknown, U.S.A.**
(City, town, or county) (State or foreign country)

16. (a) Informant **File**
 (b) Address _____
17. (a) Burial (b) Date thereof **Jan 9, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Brookhaven, Miss.**
18. (a) Signature of funeral director **Fred C. Thieme**
 (b) Address **Springfield, Missouri**
19. (a) 1-9-43 (b) **D. W. Handley**
(Date received local registrar) (Registrar's signature)

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 **R. W. McComas** (M. D. ~~examined~~)
 Address **M.C.F.P. R. W. McComas, Clinical Director** Date signed **1-7-43**

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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.....

Fred C. Thieme

Licensed Embalmer No. *2899*

P. O. Address.....

Springfield, 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, fact should be so stated above.

X