

REC MAR 12 1943 4
Registration District No. 2

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: Woodland Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Eleven Days

(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 88

(a) State Missouri (b) County Randolph

(c) City or town Clifton Hill

(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 Ashley G. Lea

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased May 8 1870

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	9	2	hr. min.

9. Birthplace Randolph County Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate agent

11. Industry or business.....

MOTHER FATHER { 12. Name J. M. Lea

13. Birthplace Unknown North Carolina

(City, town, or county) (State or foreign country)

14. Maiden name Sarah Francis Henderson

15. Birthplace Unknown North Carolina

(City, town, or county) (State or foreign country)

16. (a) Informant Miss Frances Lea

(b) Address Kansas City, Missouri

17. (a) burial (b) Date thereof 2/12/1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill, Mo.

18. (a) Signature of funeral director Tom B Patton

(b) Address Montauk, Mo

19. (a) 2-13-43 (b) Irma Nave

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10

year 1943 hour 7:10 A.M. minute..... M.

21. I hereby certify that I attended the deceased from Jan. 29 1943 to Feb. 10 1943;

that I last saw him alive on Jan Feb. 10 1943;

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration 3

Due to.....

Due to.....

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

93d

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations.....

Of autopsy.....

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?..... (Specify type of place) (e) Means of injury.....

23. Signature R.D. Street (M. D. or other) M.D.

Address Moberly, Mo Date signed Feb. 13/43

103B

RECEIVED

District Health Officer No. 10

District File Number 2-43-478

Date Filed 10-19-43

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntwell Rd

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.