

Dr. R. G. Gullet

10798

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 2949

Primary Registration District No. 5738 4315

Registrar's No.

61
2
0

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Lapeere
(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 ✓

In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair
(c) City or town La Plata
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? Mo (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME James Birch 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 1

6. (b) Name of husband or wife Sarah Elizabeth Lee 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased 4-2-1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 11 11 hr. min.

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

10. Usual occupation Farmer

11. Industry or business ✓

12. Name Oliver P. Lee

13. Birthplace 144-1
(City, town, or county) (State or foreign country)

14. Maiden name Polly Ann Gaffney

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

16. (a) Informant Jessie Lee Tucker

(b) Address La Plata Mo

17. (a) Buried (b) Date thereof 5-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lapeere cemetery

18. (a) Signature of funeral director E. E. Hopper

(b) Address Blairville Mo
19. (a) Mar. 12 1943 (b) Lulu M. Teter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 13
15 to March 11 1943
that I last saw him alive on March 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular collapse

Due to asphyxiation of
old age

Due to _____

Other conditions (Include pregnancy within 3 months of death) 162 lb

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) Means of injury _____

23. Signature Ralph Gullet (M. D. or other) NO

Address La Plata Mo Date signed 3/12/43

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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..... *A. E. Harper*.....
Licensed Embalmer No. *4261*.....
P. O. Address..... *Clarence 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.