

APR 9 1943
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: 728 E 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life
In this community Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Richard Morrison Lee

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

7. Birth date of deceased Jan. 12 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 0 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Morrison Lee

13. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Freeman

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

16. (a) Informant Mrs C.E. Browning

(b) Address Warrensburg

17. (a) Burial (b) Date thereof March 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo.

19. (a) 3-13-43 (b) Anna Burger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town 728 E 5 Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1943 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from Feb 1
1943, to March 12, 1943;
that I last saw him alive on March 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage, Senility
Duration

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death) 83a

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?

(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 W. J. Bishop (M. D. or other)

Address Sedalia Mo. Date signed 3-13-43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-8-43

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 Robert W Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.