

FILED JUN 14 1943 40

Registration District No. 40

Primary Registration District No. 43-5-8-5-807

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Lilbourn Mo. R #1 - Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County 72

(c) City or town..... (If outside city or town limits, write "RURAL") 0

(d) Street No..... (If rural, give location) 0

(e) Citizen of foreign country?..... (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME James Lee

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

4. Sex Male 5. Color or race Blair

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife Blair 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased May 11 1943
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1943 hour 8 minute 0 M.

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

8. AGE:

Years	Months	Days	If less than one day
-	-	-	2 hr. 0 min.

Immediate cause of death Premature birth

Due to unknown

Due to 159

Other conditions (Include pregnancy within 3 months of death) 159

9. Birthplace Lilbourn Mo. R #1 (City, town, or county) (State or foreign country) 0

10. Usual occupation Child

11. Industry or business Blairwood Lee

12. Name Blairwood Lee

13. Birthplace Catran Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name George Old

15. Birthplace Junia Miss. 1 (City, town, or county) (State or foreign country)

16. (a) Informant S.K. Old

(b) Address Lilbourn Mo R #1

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof May 12 '43 (Month) (Day) (Year)

(c) Place: burial or cremation Minor cemetery

18. (a) Signature of funeral director Morey J.

(b) Address Lilbourn 410

19. (a) 5-21-43 (Date received local registrar) (b) Mo. J.K. Parrett (Registrar's signature)

PHYSICIAN

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 S.E. Jones (M. D. or other) 0

Address Lilbourn Mo Date signed 5-12-43

RECEIVED

District Health Office No. 2,

District File Number 643-807

Date Filed 6-8-43

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.....

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, fact should be so stated above.