V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18715

State File No.

Registration District No. 277 Primary Registration District No. ~~4408~~ 4411 Registrar's No. 23

2
1
0

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

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Bowling Green Mo
(If outside city or town limits, write "RURAL" and name of township)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Bowling Green 1
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary B. Lee

3. (b) If veteran, name war X

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race W

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

6. (b) Name of husband or wife Edward Lee

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

7. Birth date of deceased May (Month) 26 (Day) 1858 (Year)

8. AGE: Years 84 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Louisiana (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name George Ogden
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Smith
15. Birthplace (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Mr. Wm Gilbert
(b) Address Laddonia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 20 (Day) 1943 (Year)
(c) Place: burial or cremation Bowling Green Mo

18. (a) Signature of funeral director Grace Banfshead
(b) Address Bowling Green Mo

19. (a) 5/24/43 (Date received local registrar) (b) Mrs Frank Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18
year 43 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from 5/10, 1943 to 5-18, 1943
that I last saw her alive on 5-18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Hypertension

Due to Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Glenn R. Oney (M. D. or other) D.O.

Address Bowling Green, Mo. Date signed 5-24-43

1148

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-1073
Date Filed JUN 10 1943

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 Chester A. Roof

Licensed Embalmer No. 3044

P. O. Address Bowling Green 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.