

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

20464

Do not use this space.

FILED JUL 8 1943

1. PLACE OF DEATH
 (a) County W. Va. Registration District No. 149
 (b) Township Law Primary Registration District No. 1002
 (c) City Coalfield - C. (d) Street No. O. Research Hosp. Registered No. 2783
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mattie Lee
 (a) Residence, No. Coalfield Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Lee
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 18 - 1877
 7. AGE YEARS 69 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo.
 13. NAME unknown Franklin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X unknown

15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Gertrude Mendenhall
 (ADDRESS) N. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Coalfield Mo. DATE 6-21 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. S. James
Coalfield Mo.

20. FILED 6-21 1943
D. E. Brown
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1943
 22. I HEREBY CERTIFY, That I attended deceased from 6/21 1942 to 6/21 1943
 I last saw her alive on 6/21 1942. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Cardiac failure ✓
 Other contributory causes of importance: 9504
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Carl Ferris, M. D.
 (Address) 629 W. 70th St. Jun. K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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MARGIN RESERVATION BINDING

U. S. N. 5010-9-19-38
 I X16605

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.....

E. S. James

....., Registered Apprentice No.....

working under my personal supervision.*

Signed.....

E. S. James

Licensed Embalmer No..... *2058*.....

P. O. Address..... *Concordia 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, above space should be left blank.