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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24812

Registration District No. 98 Primary Registration District No. 5364 Registrar's No. 81

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town "Rural" Liberty Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 Miles S. W. Gallatin, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Most of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31 0

(c) City or town Rural Liberty Township 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Miles S. W. Gallatin,
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME George Mathew Lee

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucy L. Lee

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Ed August 18 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Eddyville Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER
12. Name Wm. Martin Lee
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret M. Hart
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Lee
(b) Address Gallatin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Ayr Cemetery

18. (a) Signature of funeral director Hope Furn. & Undt. Co.
(b) Address Gallatin, Mo.

19. (a) 8-2-1943 (Date received local registrar) (b) L. O. Dickesson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1943 hour 1 minute 10 P M.

21. I hereby certify that I attended the deceased from July 1 1942 to July 29 1943
that I last saw him alive on July 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

51 P

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 J. D. Graham (M. D. or other)

Address Jameson, Mo Date signed 8/2/43

(Licensed Embalmer's Statement on Reverse Side)

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 L. O. Pickerson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.