

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31326

State File No.

Registrar's No.

FILED OCT 7 1943

Primary Registration District No. 3008

285

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
304 Oak St
(If not in hospital or institution, write street number or location)

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

In this community 4 years
years, months or days

3. (a) PRINT FULL NAME Grace Leman Lee

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color or race W

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

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

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

7. Birth date of deceased August 17 1857
(Month) (Day) (Year)

8. AGE: Years Months Days . If less than one day

86 0 17 hr. min.

9. Birthplace West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name WTC

13. Birthplace WTC 9
(City, town, or county) (State or foreign country)

14. Maiden name WTC

15. Birthplace WTC 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Hutt

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof Sept 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ballast Cemetery

18. (a) Signature of funeral director Jay J. Ballast

(b) Address Fulton, Missouri

19. (a) 9-5-1943 (b) Jose M. Munkhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 304 Oak St
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1943 hour _____ minute _____ A. M.

21. I hereby certify that I attended the deceased from June 19
1943 to Sept 4 1943
that I last saw him alive on Sept 3rd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach, involving the lines

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H6b

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury.

23. Signature [Signature] (M. D. or other) _____

Address Fulton Date signed 9/3/43

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..... Elbert E. White

Licensed Embalmer No. 4168

P. O. Address..... Gulton, 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.