

Registration District No. 120

Primary Registration District No. 5444

Registrar's No. 106

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural - Athens Twp
(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 lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry ³⁸

(c) City or town Rural ⁹
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____ ⁰

3. (a) PRINT FULL NAME Larry Dale Lee

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1 year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 4 - 1943
Nov. 28 - 1943, to Nov 28 - 1943; that I last saw him alive on Nov. - 28 - 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

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

7. Birth date of deceased Nov. 2 - 1943
(Month) (Day) (Year)

Immediate cause of death:

Cong. heart disease of pulmonary artery

Due to _____

Due to _____

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

8. AGE: Years _____ Months _____ Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Gentry Co. Mo.
(City, town or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Alvin Lee

{ 13. Birthplace Laverne, Oklahoma
(City, town, or county) (State or foreign country)

{ 14. Maiden name Margaret James

{ 15. Birthplace Stonberry Mo.
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

1572

16. (a) Informant Alvin Lee

(b) Address Albany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43
(Month) (Day) (Year)

(c) Place: burial or cremation Stonberry

18. (a) Signature of funeral director [Signature]

(b) Address Albany Mo

19. (a) 12/7/1943 (Date received local registrar)

(b) [Signature] (Registrar's signature)

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 Frank H. Rose (M. D. or other) M.D.

Address Albany Mo Date signed 12-1-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Chas. B. Burk
Licensed Embalmer No. 3329
P. O. Address Albany, Ill

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.