

FILED DEC 17 1943

Registration District No. 240

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5827

State File No. 43166

Registrar's No. 96

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

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Lewisburg
(c) Name of hospital or institution: No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 2 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNIE B. LEE

3. (b) If veteran, name war ✓ (c) Social Security No. ✓

4. Sex FEMALE 5. Color or face BLACK 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife HIRAM LEE 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased MARCH-20-1911
(Month) (Day) (Year)

8. AGE: Years 32 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Hubbart Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

12. Name John Smith

13. Birthplace unk Ark
(City, town, or county) (State or foreign country)

14. Maiden name unk

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

16. (a) Informant Hiram Lee
(b) Address Marston, Mo.

17. (a) Burial (b) Date thereof 11/8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Samphell Friends
18. (a) Signature of funeral director Marston
(b) Address Marston

19. (a) Nov-17-43 (b) Mr. J. R. Farret
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Marston, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Lewis Drp.
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1943 hour 800 minute ✓ P.M.

21. I hereby certify that I attended the deceased from ✓ 19✓ to ✓ 19✓;
that I last saw h ✓ alive on ✓ 19✓;
and that death occurred on the date and hour stated above.

Immediate cause of death No Medical attendant by all record death was due to apoplexy
Due to apoplexy
Due to apoplexy

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 8301
Of autopsy 8301

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 Geo. Hedgcock Deputy Coroner
Address New Madrid Date signed 11/9-43

1176

RECEIVED

District Health Office No. 2,

District File Number 1243-15-61

Date Filed 12-14-43

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 Las Higueras.....

Licensed Embalmer No. 3803

P. O. Address New Madrid 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.