

S. No. 2
M-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6856

Registration District No. 64

Primary Registration District No. 5247

Registrar's No. 6

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

21
0
0

1. PLACE OF DEATH:
(a) County. Chariton Co
(b) City or town. Rural - Salisbury 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: whole life years, months or days)

3. (a) PRINT FULL NAME Price Lee
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced div
6. (b) Name of husband or wife Mollie Lee 6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased Dec 16 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 25 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name William H. Lee

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

14. Maiden name Frances Ann Ball

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

16. (a) Informant Mrs Wm Mason

(b) Address Salisbury Mo

17. (a) Burial (b) Date thereof 2-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee Cemetery

18. (a) Signature of funeral director Geo W Winkelmeyer

(b) Address Salisbury Mo

19. (a) 7/17/44 (b) R. G. G. G.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 MI SE, Salisbury
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 11
year 1944 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Jan 5
1944 to Feb 11 1944
that I last saw him alive on 2-11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chromocystic
Due to _____
Due to arterio sclerosis
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 93d
Of operations _____
Of autopsy _____

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 Wm Winkelmeyer (M. D. or other) _____
Address Salisbury Mo Date signed 2/12/44

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1023

RECEIVED

District Health Officer No. 32

District File Number _____

Date Filed 3-8-44

Price Paid

MAR 20 1945

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 Geo Blinckmeyer

Licensed Embalmer No. 2125

P. O. Address Salisbury Md

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.