S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7194

FILED MAR 8 1944

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 193

39
0
0

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural, ~~Springfield~~ N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Greene County Farm 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 mo. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

(c) City or town Rural, ~~Springfield~~ N. Campbell Twp
(If outside city or town limits, write "RURAL")

(d) Street No. Rural, Route #4. Greene Co. Farm
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles F. Lee

3. (b) If veteran, name war Unk.

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan. (Month) 18 (Day) 1872 (Year)

8. AGE: Years 72 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Howard Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Insurance Salesman

11. Industry or business

FATHER
12. Name John W. Lee
13. Birthplace Unk. (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Alice Blankenbaker
15. Birthplace Unk. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Julia Lee
(b) Address New Franklin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation New Franklin, Mo.

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 2-25-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1944 hour 4 minute 30 a.M.

21. I hereby certify that I attended the deceased from May 18, 1943 to Feb 24, 1944 that I last saw him alive on February 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic

Due to

Due to

Other conditions Arteriosclerosis, General
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

93d

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 0

23. Signature James [illegible] (M. D. or other)

Address Springfield Mo Date signed 2-25-44

984 (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 Franklin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.