

FILED APR 13 1944

Registration District No. 75

Primary Registration District No. 78 5070

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Barton, Co
(b) City or town Jefferson, Mo. Milled
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 86 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Jefferson, Mo.
(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 _____

3. (a) PRINT FULL NAME William Wesley 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 Married
6. (b) Name of husband or wife Etta Stahl Lee 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased November 10 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Barton, Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retail farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Cassell Lee
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Lara W. Smith
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Yae Lee
(b) Address Lamar, Mo. R.R. 3

17. (a) Burial (b) Date thereof Mar 23 '44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hawell Cemetery

18. (a) Signature of funeral director D. B. Beeny
(b) Address Sheldon, Mo.

19. (a) 3-23-44 (b) Martha Rives
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb-19
1943 to Feb 22 1944
that I last saw him alive on Feb 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchus - Pneumonia
Due to acute myocarditis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: 93a
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 0
23. Signature P. E. Duckert (M. D. or other) M.D.
Address Railroad Date signed 3-23-44

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

RECEIVED

District Health Officer No. 6;

District File Number 444-436

Date Filed APR 11 1944

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 S. Bernard Beery

Licensed Embalmer No. 4161

P. O. Address Sheldon Inc

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.