

FILED MAR 20 1949 0.1

Primary Registration District No. 6031

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

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town 8 mi. South of Doniphan, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Rural
(If not in hospital or institution, write street number or location)

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

In this community 52 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley

(c) City or town 8 mi. S. of Doniphan
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME LORA BELLE LEE

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

3. (c) Social Security No. ✓

5. Color of hair Brown

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Bob S. Lee (Deceased)

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

7. Birth date of deceased June 15-1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 21
If less than one day hr. ✓ min.

9. Birthplace Wapakoneta Co., Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER FATHER

12. Name Fr. Bell

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

14. Maiden name Bell

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

16. (a) Informant Mr. Horace Lee, (son)

(b) Address Doniphan, Mo.

17. (a) Burial (b) Date thereof 2-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pratt, Mo. Cemetery

18. (a) Signature of funeral director J. Jordan

(b) Address Doniphan, Mo.

19. (a) 3-15-44 (b) E. O. Pluett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Feb 1 1944 to Feb 5 1944
that I last saw him alive on — 19—
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to —
Due to —
Other conditions (include pregnancy within 3 months of death) —

Duration 2 weeks

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

Major findings: 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 Clifford (M. D. or other) —
Address Doniphan, Mo. Date signed 2/6/44

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