

FILED APR 13 1944

Registration District No. _____

Primary Registration District No. 4541

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Fordland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Fordland
(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 Wallace Lea

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife INEZ-LEA 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased 3 10 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Gabriel Lea

12. Name unknown

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

14. Maiden name Harriet Butler

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

16. (a) Informant Mrs. Cecil John

(b) Address Fordland

17. (a) Fordland (b) Date thereof 3 21 44
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fordland Cem.

18. (a) Signature of funeral director A. K. Kelley

(b) Address Seymour, Mo.

19. (a) April 3-1944 (b) Susie O. Bunch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1944 hour 10:45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 31 1944 to Mar 19 1944
that I last saw him alive on Mar 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cholerae hepatitis.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 126

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 W. F. Schmitt (M. D. or other) _____

Address _____ Date signed 3/21/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 444-442

Date Filed APR 12 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 H. H. Keller

Licensed Embalmer No. 3334

P. O. Address Seymour 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.