DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

Registration District No. 8

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17878

Primary Registration District No. 5366

Registrar's No. 59

1. PLACE OF DEATH:

(a) County: Daviess

(b) City or town: Rural Marion Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1½ Mi. South Pattonsburg Mo. 1
(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: few minutes

2. USUAL RESIDENCE OF DECEASED: 25

(a) State: Mo. (b) County: Clinton

(c) City or town: Cameron, 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: Lora Beatrice Lee

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

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

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

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

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

7. Birth date of deceased: October (Month) 10th. (Day) 1924 (Year)

8. AGE:

Years	Months	Days	If less than one day
23	7	2	hr. ..... min.

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

10. Usual occupation: Housework

11. Industry or business .....

MOTHER FATHER

12. Name: Chas Lee

13. Birthplace: Unknown (City, town, or county) Iowa. (State or foreign country)

14. Maiden name: Rosa Bradford,

15. Birthplace: Weatherby, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs Merrin Golden

(b) Address: Stewartsville, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5/15/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Christian Chapel Cem. DeKalb, Mo.

18. (a) Signature of funeral director: J. Moore

(b) Address: Cameron, Mo.

19. (a) 5-25-1944 (Date received local registrar) (b) L. O. Dickerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th. year 1944 hour 12 minutes 30 A.M.

21. I hereby certify that I attended the deceased from May 12, 1944, to May 12, 1944; that I last saw he alive dead on May 12, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic

Due to: auto accident

Due to: car in water

Other conditions (Include pregnancy within 3 months of death): 170 C

Major findings:
Of operations .....

Of autopsy .....

Duration

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): accident

(b) Date of occurrence: May 12-1944

(c) Where did injury occur? 1½ mi. S. of Pattonsburg Daviess Co. Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Highway 6 1½ Mi. South Pattonsburg (Specify type of place)

While at work? ..... (e) Means of injury: automobile

23. Signature: J. B. Bailey Coroner Daviess Co. (M. D. or other) C.O.

Address: Jamesport Mo. Date signed: 5-12-44

1087

(Licensed Embalmer's Statement on Reverse Side)

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

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 A Moore

Licensed Embalmer No. 1180

P. O. Address Cameron M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.