

FILED JUN 12 1944

Registration District No. 12

Primary Registration District No. 5422

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Kennett Rural 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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)

3. (a) PRINT FULL NAME Lucie Ambrose 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 Lady's Lea 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Aug 7 1891  
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Conway Ark 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business  
12. Name John Lea  
13. Birthplace Conway Ark 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Etta Dempsey  
15. Birthplace Conway Ark 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Lady's Lea  
(b) Address Kennett Rural 1  
17. (a) Burial (b) Date thereof 5-25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Liberty Cem

18. (a) Signature of funeral director Lutz Funeral Home  
(b) Address Kennett Mo  
19. (a) 5-25-44 (b) John M. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin  
(c) City or town Kennett Rural 1  
(If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from until death by a physician  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Hypertension 15 Years  
Duration 5 years

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: 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?

23. Signature W. C. ...  
While at work?..... (Specify type of place) (e) Means of injury.....  
Address Kennett Mo Date signed 5-22-44

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

RECEIVED

District Health Office No. 2,

District File Number 644-805

Date Filed 6-8-44

JUN 22 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 Walter A. Hawker

Licensed Embalmer No. 2002

P. O. Address Hennett

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.