

FILED NOV 10 1944

Registration District No. **324**

Primary Registration District No. **3072**

Registrar's No. **180**

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

1. PLACE OF DEATH:

(a) County **Saline**

(b) City or town **Marshall**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **403 N. Lincoln**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no**
(Specify whether years, months or days)

In this community **Life**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Maude C Lee**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **No.**

4. Sex **73** 5. Color or race **col** 6. (a) Single, widowed, married **2 divorced, divorced**

6. (b) Name of husband or wife **-6-** (c) Age of husband or wife if alive **1883** years

7. Birth date of deceased **May 22 1883**
(Month) (Day) (Year)

8. AGE: Years **61** Months **4** Days **29** If less than one day **hr. min.**

9. Birthplace **Marshall MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **✓**

MOTHER, FATHER { 12. Name **Willis Lee**

13. Birthplace **Don't know?**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Hyde**

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

16. (a) Informant **Estelle Lewis**

(b) Address **Kansas City MO**

17. (a) **Burial** (b) Date thereof **10-25-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marshall MO**

18. (a) Signature of funeral director **Hell Brothers**

(b) Address **Slater MO**

19. (a) **10-23-44** (b) **Mrs T. O. ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline** **97**

(c) City or town **State Marshall** **1**
(If outside city or town limits, write "RURAL")

(d) Street No. **403 N. Lincoln** **2**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **21st**
year **1944** hour **5** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **Oct 20-44**
to **Oct 20**, 19**44**
that I last saw her alive on **Oct 20**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy**

Due to.....

Due to.....

Other conditions **83a**
(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?.....

While at work?.....
(Specify name of place) (e) Means of injury.....

23. Signature **John R. ...** (M. D. or other).....
Address **Marshall, Mo** Date signed **Oct 24**

1215

Officer No. 8, 211
District File Number 119-67
Date Filed 2/10/77

[Faint handwritten notes and stamps]

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 Sam M Hill
Licensed Embalmer No. 1292
P. O. Address Slater 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.