

FILED JAN 20 1945

State File No.

Registration District No. 27

Primary Registration District No. 3008

Registrar's No. 416

14
1/2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Gallatin
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital 201
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Lee

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

4. Sex male 5. Color or race color 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife Corbie 6. (c) Age of husband or wife if alive. DK years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE.	Years	Months	Days	If less than one day
<u>unknown</u>				hr. min.

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

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER

12. Name Jackson Lee

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

14. Maiden name unknown

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

16. (a) Informant Mrs Cora E Lee

(b) Address Poplar Bluff Mo

17. (a) Removal (b) Date thereof Dec 27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Walter E. Funeral

(b) Address Home Fulton Mo

19. (a) 12-27-1944 (b) Jose M. Markhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 14
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL") 1
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 44 hour 10 minute 40 A. M.

21. I hereby certify that I attended the deceased from Dec 21 1944 to Dec 26 1944 that I last saw h. alive on Dec 26 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Arterio sclerosis

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations AK
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)
(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 Forest Thoma (M. D. or other)
Address Fulton Mo Date signed 12/27/44

FEB 3 1947

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-19-45

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 Wenzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.