

FILED MAR 4 8 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 3008

Registrar's No. 12

1. PLACE OF DEATH:  
 (a) County Callaway  
 (b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Callaway County Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)  
 In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Boone  
 (c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1512 Richardson  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE BENJAMIN LEE  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. 490-07-2608

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month Jan. day 13  
 year 1945 hour 4 minute 40 A.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mattie Zumwalt Lee  
 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased 9 - 8 - 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/11 1945, to 1/13 1945  
 that I last saw him alive on 1/13 1945  
 and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 4 Days 5  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death fracture of skull  
 Due to Trauma (struck by car)  
Fracture of both tibia + both fibula  
 Due to \_\_\_\_\_  
 Other conditions (includes pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations none  
 Of autopsy none

9. Birthplace Bell Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Shoe Worker

Duration +30 hrs.  
 Duration +30 hrs.  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Joe Lee  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Minnie Remmert  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) accident  
 (b) Date of occurrence 1/11/45  
 (c) Where did injury occur? Highway #40, Callaway, Mo.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on Highway  
 While at work? no (Specify type of place) struck by car  
 (e) Means of injury \_\_\_\_\_

16. (a) Informant Mrs. Geo. B. Lee  
 (b) Address 1512 Richardson, Columbia, Mo.  
 17. (a) Removal (b) Date thereof 1-13-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park Cemetery  
Columbia, Mo.  
 18. (a) Signature of funeral director Parson Funeral Service  
 (b) Address Columbia, Mo.  
 19. (a) 1-7-1945 (b) Josie Moravickhoff  
(Date received local registrar) (Registrar's signature)

13. Signature Henry Dunt (M. D. or other) M.D.  
 Address Fulton, Mo. Date signed 1/15/45

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

4  
1  
2

MOTHER FATHER

1947

RECEIVED  
District Health Officer No. 9,

District File Number.....

Date Filed 2-2-45.....

---

---

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 Thomas L. Lanning.....

Licensed Embalmer No. 4132.....

P. O. Address Columbia, 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.