

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20017

State File No. \_\_\_\_\_

Registrar's No. 17

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

Primary Registration District No. 4070

1. PLACE OF DEATH

(a) County Cumbelee  
(b) City or town Stoutland, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT  
FULL NAME

Cora A. Lee

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex F 1  
5. Color or race W  
6. (a) Single, widowed, married,  
divorced Widowed  
6. (b) Name of husband or wife A. E. Lee  
6. (c) Age of husband or wife if  
alive 68 years  
7. Birth date of deceased 6-1-18  
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 14  
If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Recreation worker

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Lee  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Ruth Workman  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant O. E. Allen  
(b) Address Edon, Mo

17. (a) Burial (b) Date thereof July 2, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mount Union Cemetery

18. (a) Signature of funeral director W. J. Brown  
(b) Address Stoutland, Mo

19. (a) May 5, 1945 (b) Edith Nelson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cumbelee  
(c) City or town Stoutland 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 6-14  
1945, to 6-28, 1945  
that I last saw him alive on 6-26, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Submited Hepatitis  
Duration \_\_\_\_\_

Due to no

Due to no

Other conditions no  
(Include pregnancy within 3 months of death)

Major findings: no  
Of operations \_\_\_\_\_

Of autopsy no

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 E. J. Luchessa (M. D. or other) \_\_\_\_\_  
Address Cumbelee, Mo Date signed 6-29-45

RECEIVED

Death No. 7,  
6-45-704  
Date Filed 7-12-42

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

*Albi Benson Woolery*

Licensed Embalmer No. 2488

P. O. Address

*Camden, N.J.*

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.