

FILED JUL 7 1945

Registration District No. 32

Primary Registration District No. 3017

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boone Mo.

(c) Name of hospital or institution St. Joseph

(d) Length of stay: In hospital or institution 10 days

In this community 34 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Franklin

(d) Street No.

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME HELEN DODSON LEE

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1945 hour 11 minute 15 a.m.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced, or married

6. (b) Name of husband or wife Arthur E. Lee

6. (c) Age of husband or wife alive 64 years

7. Birth date of deceased Jan. 29 - 1873

21. I hereby certify that I attended the deceased from May 2 1945 to June 10 1945 that I last saw her alive on June 10 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 4 Days 16

Immediate cause of death: Broncho-pneumonia 12 day

Due to Influenza 12 day

Due to myocarditis chr unknown

9. Birthplace Robertson Co. Ken

Other conditions: Diabetes, arteriosclerosis 15 years

10. Usual occupation Housewife

Major findings: Pleurisy with effusion, clear fluid, aspirated from Rt. chest

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name John Ashbaugh

13. Birthplace Kentucky

14. Maiden name not known

15. Birthplace 9

16. (a) Informant F. W. Ashcraft

(b) Address Fayette, Mo.

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Removal (b) Date thereof 6/12/45

(c) Place: burial or cremation Walnut Grove Burial

18. (a) Signature of funeral director C. S. Newlan

(b) Address New Franklin Mo.

19. (a) 6-13-45 (b) Dr. Chas. S. Swep

23. Signature Dr. Chas. S. Swep (M. D. or other)

Address New Franklin Mo. Date signed June 11-45

1088

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7/16/45

OCT 1 1945

JUL 25 1945

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

*H. L. Hall*

Licensed Embalmer No.

3515

P. O. Address

*New Franklin, 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.