No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27637

Registration District No. 156 Primary Registration District No. 2031 Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: General 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:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Reeds
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Wilma Lucille Lee

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: f

5. Color or race: W

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

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

6. (c) Age of husband or wife if alive: 20 years

7. Birth date of deceased: May 17 1926 (Month) (Day) (Year)

8. AGE: Years 19 Months 3 Days 13 If less than one day hr. min.

9. Birthplace: Reeds, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: W. A. Randolph

13. Birthplace: dont know (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Eva Kerfoot

15. Birthplace: dont know (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Jewell Gunn

(b) Address: Salinas, California

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/2/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Reeds Cemetery

18. (a) Signature of funeral director: Roland Engelage

(b) Address: Sarcoxie, Missouri

19. (a) 8-31-45 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1945 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug. 29 1945 to Aug 30 1945 that I last saw her alive on Aug 30 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart & Respiratory failure

Due to: Sub diaphragmatic

Due to: Liver abscess

Sappingitis

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations:

Of autopsy:

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

PHYSICIAN — Underline 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: W. E. Heilman M.D.

Address: Joplin Mo Date signed 8-31-45

1404

(Licensed Embalmer's Statement on Reverse Side)

45-5-668

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 Geo. D. Orr

Licensed Embalmer No. 9460

P. O. Address Mt Vernon, Ill

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.