

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37043

State File No.

FILED NOV 16 1945

Registration District No. 78

Primary Registration District No. 5366

Registrar's No.

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Rural Marion Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Entire life except
In this community 4 yrs in Colo 1925-1931
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess 31
(c) City or town Rural Marion Twp 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME

J Taylor Lee

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva E Lee 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased April 6, 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Daviess Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Hdwr. and Auctioneer

12. Name George Lee

13. Birthplace Va. 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Taylor

15. Birthplace Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J Taylor Lee

(b) Address Pattonsburg Mo R 2.

17. (a) Burial (b) Date thereof Oct 1/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Civilbend M, E

18. (a) Signature of funeral director H Bromer

(b) Address Pattonsburg, Mo

19. (a) 10-13-45 (b) Verque M Engelhart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1945 hour 1.15 minute A.M.

21. I hereby certify that I attended the deceased from May-15, 1945, to SEPT 29, 1945;
that I last saw him alive on Sept-29, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death:

Due to Renal Heat Block

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: Of operations:

Of autopsy:

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 0

23. Signature John Starke (M. D. or other) M D

Address Pattonsburg Mo Date signed 9/30/45

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

MOTHER FATHER

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 LS Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.