

FILED JAN 5 1945 STANDARD CERTIFICATE OF DEATH

State File No. 42697

Registration District No. 357

Primary Registration District No. 6211

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Texas

(b) City or town RURAL Roubidoux
(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 _____ (Specify whether)

In this community 62 years
years, months or days

3. (a) PRINT FULL NAME John Thomas Lee

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lucinda Elizabeth

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased JUNE 26 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Jefferson Lee

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Williams

15. Birthplace UNKNOWN G
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Creason

(b) Address HOUSTON, MO.

17. (a) Burial (b) Date thereof 12/7/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STARK

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Houston, Mo.

19. (a) December 10-45 (b) Evan Pickett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Texas 107

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

(d) Street No. 1 mile north of Blato no 0
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 1945 hour 10 minute 55 p.m.

21. I hereby certify that I attended the deceased from 12-24-45 to 12-31-45 1945
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Paronychia of jaw & neck

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations H50

Of autopsy _____

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 Lee Pickett (M. D. or other) M.D.

Address Stark, Mo. Date signed 12-7-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

JAN 5 1950

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..... *Frank E. Wood*.....
Licensed Embalmer No..... *4026*.....
P. O. Address..... *Houston, 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.