

FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH

13950

State File No. _____

Registration District No. 240

Primary Registration District No. 4.31-8

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Lilbourn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
 (c) City or town Lilbourn
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rutherford C. Lee

3. (b) If veteran, name war No 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 Nodia Lee 6. (c) Age of husband or wife if _____

7. Birth date of deceased October 10 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 27 hr. _____ min.

9. Birthplace New Madrid Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Albert C. Lee

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

14. Maiden name Rachael Emory

15. Birthplace New Madrid Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Nodia Lee

(b) Address Lilbourn, Missouri

17. (a) Burial (b) Date thereof 4-9-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem.

18. (a) Signature of funeral director Ponder Funeral Home

(b) Address Lilbourn, Missouri

19. (a) 4-9-46 (b) H.T. Ponder Deputy
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
 year 1946 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1946 to Apr 7 1946
 that I last saw him alive on Apr 7 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

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 _____

23. Signature E. P. Jones (M. D. or other) _____

Address Lilbourn, Mo Date signed 4-9-46

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address. Tilbourn, 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.