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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 31 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19148

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 24

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

18025

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: Sikeston General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hrs. (Specify whether In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

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

(d) Street No. 727 Matthews Ave. (If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Trusvan W. Lee

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race Wihte

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

6. (b) Name of husband or wife Lucy Rahhel Lee

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased January (Month) 18 (Day) 1880 (Year)

8. AGE: Years 66 Months 3 Days 11 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name James Lee ~~Scott County Mo.~~
13. Birthplace Scott County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Thomas W. Lee

(b) Address Sikeston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/46 (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

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

(b) Address Sikeston, Missouri

19. (a) 5-16-46 (Date received local registrar) (b) Mrs T. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 29, 1946, to April 29, 1946 that I last saw him alive on April 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Compound Fracture of Skull

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration 12 hrs

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) Accident

(b) Date of occurrence 4-29-46

(c) Where did injury occur? Sikeston (City or town) Scott (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Missouri Pacific Crossing (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Orville Taylor (M. D. or other) Coroner

Address Sikeston, Mo. Date signed 4-30-46

303 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 546-143
Date Filed 5-29-46

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 W. E. Cory

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.