S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19637

FILED JUN 21 1946

Registration District No. 1

Primary Registration District No. 4059

Registrar's No. 191

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Neelyville
(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 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12

(c) City or town Neelyville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rufers Lee

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 2

5. Color or race colored

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

6. (b) Name of husband or wife Lula Hortan Lee

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 15 (Month) 1879 (Day) (Year)

8. AGE: Years 64 | Months | Days 24 | If less than one day hr. min.

9. Birthplace Brownsville (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Isham Lee.
13. Birthplace Brownsville (City, town, or county) Tenn (State or foreign country)

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

16. (a) Informant Jack Lee
(b) Address Neelyville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Neelyville Mo.

18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor, Mo.

19. (a) 6/15/46 (Date received local registrar) (b) R H Minette (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1946 hour 8 minute 5 P M.

21. I hereby certify that I attended the deceased from June 6, 1946 to June 9, 1946
that I last saw him alive on June 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death uremic poisoning
Chronic
Due to chronic nephritis
Due to
Other conditions hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy no

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature H Newhill M.D. (M. D. or other)
Address Naylor Mo Date signed 6/14/46

35

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1946

RECEIVED
District Health Office No. 2,
District File Number 646-763
Date Filed 6-18-46

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 Bryan C. McCord

Licensed Embalmer No. 4269

P. O. Address Naylor 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.