

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 25 1946** STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22559**

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 200

1. PLACE OF DEATH:  
(a) County Adair  
(b) City or town Kirkwood  
(c) Name of hospital or institution: Community Hospital #7  
(d) Length of stay: In hospital or institution 2 mos  
In this community 14 8 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Adair  
(c) City or town Brushers  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME DORA A. LEE  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month June day 26  
year 1946 hour 10 minute 0 p.M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Geo M. Lee  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Nov 27 1870

21. I hereby certify that I attended the deceased from March 13, 1946, to June 26, 1946  
that I last saw her alive on June 26, 1946,  
and that death occurred on the day and hour stated above.

8. AGE: Years 75 Months 6 Days 29  
9. Birthplace Harrison Co. Mo.

Immediate cause of death pulmonary hemorrhage  
Due to Metastatic pulmonary carcinoma  
Due to Adenocarcinoma of right breast  
Other conditions \_\_\_\_\_

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Leander Keller  
13. Birthplace Mo.  
14. Maiden name not known  
15. Birthplace not known

Major findings: Of operations \_\_\_\_\_  
Of autopsy 50

16. (a) Informant Mrs Lura Turner  
(b) Address Files, Idaho  
17. (a) Burial (b) Date thereof 6-29-46  
(c) Place: burial or cremation Brushers Cemetery  
18. (a) Signature of funeral director Frank P. Coakley  
(b) Address Brushers, Mo.  
19. (a) 7-15-46 (b) Nate Lambert

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
23. Signature Claus A. Rohwedder  
Address Berkeley, Mo. Date signed 7-13-46

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 7-46-1423

Date Filed JUL 23 1946

---

---

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 Foster P. Emery

Licensed Embalmer No. 1146

P. O. Address Brookline, ma

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.