

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 1947THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 274Primary Registration District No. 3052Registrar's No. 471

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
520 East 13th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 50 years
years, months or days)

3. (a) PRINT
FULL NAMELOIS LEE3. (b) If veteran,
name war.....3. (c) Social Security
No.....4. Sex Female / 5. Color or
race White 6. (a) Single, widowed, married,
divorced Widow6. (b) Name of husband or wife J. S. Lee 6. (c) Age of husband or wife if
alive..... years7. Birth date of deceased..... Feb. 13 1869
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
78 10 3 hr. min.9. Birthplace Clifton City, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation At home

11. Industry or business.....

12. Name Benjamin Gosnell13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Catherine McClellan15. Birthplace Tennessee
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. C. C. Cover
(b) Address 520 East 13th, Sedalia, Mo.17. (a) Burial (b) Date thereof 12-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lee Cemetery18. (a) Signature of funeral director J. P. Dierand(b) Address Sedalia, Mo.19. (a) 12/18/46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
 (c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
 (d) Street No. 520 East 13th 4
(If rural, give location) 0
 (e) Citizen of foreign country?..... 0
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1946 hour 6 30 minute P. M.21. I hereby certify that I attended the deceased from Dec. 1, 46
....., 19....., to Dec 16, 46, 19.....
that I last saw h. u alive on Dec 16, 46, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cancer of Breast

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)Metastasis of LiverMajor findings:
Of operations.....Of autopsy..... 50

22. If death was due to external causes, fill in the following:

(c) 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?.....
(Specify type of place)23. Signature J. P. Mitchell (M. D. or other) MDAddress Sedalia Date signed Dec 18
1946

251

(Licensed Embalmer's Statement on Reverse Side)

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

10000

mitchell 41577

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-30-46

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia, 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.