

FILED FEB 10 1947

Registration District No. **371**

Primary Registration District No. **4541**

Registrar's No. **5**

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Fordland Mo.
(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

3. (a) PRINT FULL NAME John Jackson Lea

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex M. O 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased July 28 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>5</u>	<u>27</u>hr.min.

9. Birthplace Webster Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Gabe Lea O

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

14. Maiden name Harriet Butler

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charley Hawkins

(b) Address Fordland Mo.

17. (a) Burial (b) Date thereof Jan 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East W. Elgin Cem.

18. (a) Signature of funeral director Kelley Ferrell

(b) Address Bergman Fordland Mo.

19. (a) JAN. 28. 47 (b) Lister W. Good
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster

(c) City or town Fordland Mo.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1947 hour 6 minute 42 P.M.

21. I hereby certify that I attended the deceased from January Twenty Second 1947 to January 22 1947
that I last saw him alive on January 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations

Of autopsy No Autopsy

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 TI

23. Signature A. R. Seifert (M. D. or other) DD.
Address Fordland Mo. Date signed 1/25/47

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 247-179

Date Filed FFB-3-10-47

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 K. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.