

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12678

FILED APR 18 1947

Registration District No. 58

Primary Registration District No. 5176

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Camden Co.
 (b) City or town Stoulland Ranch, England
 (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 3 years _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
 (c) City or town Stoulland Ranch
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME May Minda LEE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Chunley Lee 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Feb. 28, 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 - 1 - 7 hr. min.

9. Birthplace Nashville Tennessee
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name Thomas Hoyal
 { 13. Birthplace Nashville Tenn.
 { 14. Maiden name unknown
 { 15. Birthplace Nashville Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Chunley Lee
 (b) Address Stoulland Ranch

17. (a) Funeral (b) Date thereof 4-8-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Tenn.

18. (a) Signature of funeral director R.B. Seepie
 (b) Address Richland Mo.

19. (a) Apr 12, 1947 (b) Zelpha Jewell
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
 year 1947 hour 3 minute 30 M.
 21. I hereby certify that I attended the deceased from _____
 1947 to April 3 1947
 that I last saw him alive on April 3 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Delatation of heart
 Due to cardio-vascular disease
 Due to old age
 Other conditions chronic cholecystitis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy abd
 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) 2
 While at work? _____ (e) Means of injury _____
 23. Signature L. J. Mays (M. D. or other) Dr.
 Address Richland Date signed 4/4/47

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

RECEIVED
District Health Officer No. 7,
3-4-7-455
District File Number 4-17-47
Date Filed

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.....

Alfred E. Bunch Registered Apprentice No. *481*
working under my personal supervision.

Signed.....
Licensed Embalmer No. *3198*
P. O. Address *Richland Ms*

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.