

FILED JUN 12 1947

Registration District No. **144**

Primary Registration District No. **4236**

Registrar's No. **121**

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

1. PLACE OF DEATH:

(a) County **Iron**  
 (b) City or town **Des Arc**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**None**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **XXXXX**  
**1 day**  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**  
 (c) City or town **Des Arc**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **Billey Jean Lee**

3. (b) If veteran, name war **XXXXX**  
 3. (c) Social Security No. **XXXXXX**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Infant**  
 6. (b) Name of husband or wife **Infant**  
 6. (c) Age of husband or wife if alive **Infant** years  
 7. Birth date of deceased **May XXX 1947**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<b>1</b>	hr. _____ min. _____

9. Birthplace **Des Arc** **Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business **Infant**

MOTHER FATHER

12. Name **William Varrion Lee**  
 13. Birthplace **Poplar Bluff** **Mo.**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Norma Jean Branson**  
 15. Birthplace **Blann** **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William Varrion Lee**  
 (b) Address **Des Arc**

17. (a) **Burial** (b) Date thereof **May 31 1947**  
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Month) (Year)  
 (c) Place: burial or cremation **Des Arc Cem.**

18. (a) Signature of funeral director **N. W. Hish**  
 (b) Address **Redmont Mo**  
 19. (a) **6-9-47** (b) **Mrs. Aris Jones**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30**  
 year **1947** hour **12** minute **5** A.M.  
 21. I hereby certify that I attended the deceased from **5-30-47**  
 \_\_\_\_\_ 19\_\_\_\_ to **5-31-** 19**47**  
 that I last saw him alive on **5-30-** 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Tran. apoplexy**  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations **1600**  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature **L. E. Toney** (M. D. or other)  
 Address **Redmont Mo** Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 4  
District File Number 647-813  
Date Filed 6-11-47

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.....

was not embalmed, Registered Apprentice No.....  
working under my personal supervision.

Signed Marvin E. Bowler

Licensed Embalmer No. 4427

P. O. Address Piedmont, 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.