

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18172

Registration District No. 217

Primary Registration District No. 3045-

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Charleston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
407 E. Cypress St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 years  
(Specify whether  
In this community 60 years  
years, months or days)

3. (a) PRINT FULL NAME Charles Leander Lee

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male  5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Strawdia H. Lee  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased January 12, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 3 16 hr. min.

9. Birthplace Bullett Co., Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Retired

12. Name Thomas Lee

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

14. Maiden name Elizabeth Howlett

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

16. (a) Informant Mrs. Strawdia H. Lee

(b) Address Charleston, Missouri

17. (a) Burial (b) Date thereof 4-29-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Centery Charleston, Missouri

18. (a) Signature of funeral director John Bondurant

(b) Address Charleston, Missouri

19. (a) 5-16-47 (b) Mrs. John Bondurant  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi  
(c) City or town Charleston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 407 E. Cypress St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th  
year 1947 hour 10:55 minute 10 A.M.

21. I hereby certify that I attended the deceased from Sept 26, 1947  
to Apr 28, 1947  
that I last saw him alive on Apr 28, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chr. Nephrotic & Uremia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 13  
Of 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?

23. Signature E. Charles Salving (M. D. or other) \_\_\_\_\_  
Address Charleston, Mo Date signed 5/2/47

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

MOTHER FATHER

67  
12  
0

Duration

2 mos +

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 542-226

Date filed 5-19-47

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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

*John P. Munnell Jr*

Licensed Embalmer No.

3851

P. O. Address

Charleston, 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.