

No. 2  
2-45  
7-39  
X47070

FILED AUG 7 1947

Registration District No. 157

Primary Registration District No. 4246

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town CARL JUNCTION  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
201 S. Roney 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Jackson Lea

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

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

6. (b) Name of husband or wife Maude Lodge Lea 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan 7 1876 (Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation Trucking.

11. Industry or business

12. Name Luke Lea

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

14. Maiden name Miranda Holland

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

16. (a) Informant Lavelle Hamby (sister)

(b) Address Carl Junction Mo

17. (a) Burial (b) Date thereof 7-28-1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial Cemetery

18. (a) Signature of funeral director Dan Roney

(b) Address Carl Junction Mo

19. (a) JULY 24; 1947 (b) (Date received local registrar) (Registrar's signature) 158

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Carl Junction 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 201 S. Roney 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 24 day year 1947 hour 5:10 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 16 1947 to July 29 1947 that I last saw him alive on July 23 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 minutes

Due to Hypertension

Due to Arterial Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83A

Of autopsy

PHYSICIAN 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) (c) Means of injury

Signature C. L. Albert MD.

Address Carl Junction Mo Date signed 8/19/47

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

47-8-606

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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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.