S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1947

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5725

State File No. 24787

Registrar's No. 214

1. PLACE OF DEATH:
(a) County Macon
(b) City or town rural Hudson
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon 61
(c) City or town La Plata Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Frank 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 Feb. (Month) 23 (Day) 1887 (Year)

8. AGE: Years 60 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name James O. Lea
13. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Ellen Bradford
15. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant Nettie Everett
(b) Address La Plata Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation La Plata Mo
18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon Mo.
19. (a) 7-21-47 (Date received local registrar) (b) Ruth McNeely (Registrar's signature) KS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1947 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on June 24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Natural infirmity	Sev Mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 260 A	
Of autopsy	

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury Q
23. Signature Howard Miller (M. D. or other)
Address Macon Date signed 7/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-47-917
JUL 30 1947
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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed O. L. Stephens

Licensed Embalmer No. 2057

P. O. Address Macon, 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.