

No. 2
-1/47
5-17-39

28111

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 29 1947

Registration District No. 756

Primary Registration District No. 2001

Registrar's No.

49
7
5

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours
(Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 1006 Roosevelt
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Addie B. Lea

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife W.W. Lea

6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased March 13 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>23</u> hr. min.

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

10. Usual occupation

11. Industry or business Housewife

12. Name James Lodge

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

14. Maiden name dont know

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

16. (a) Informant W.W. Lea

(b) Address 1006 Roosevelt

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

(c) Place: burial or cremation Osborne Memorial Thornhill-Dillon Mort

18. (a) Signature of funeral director Joplin, Missouri.

(b) Address

19. (a) 8-7-47 (b) Solares Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1947 hour 11 minute 38 P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1946
....., 19....., to Aug 5, 1947;
that I last saw him alive on Aug 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis + Hypertensive Incc. Ariane

Other conditions: (include pregnancy within 3 months of death)

Major findings: 93
Of operations

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury

While at work?

Signature [Signature] (M. D. or other) MD

Address Joplin, Mo. Date signed 8-7-47

Duration
6 YRS

15 YEARS

PHYSICIAN

Underline the cause of which death should be charged statistically.

47-8-694

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 David Dillon

Licensed Embalmer No. 3898

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.