S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

HUFFMAN

State File No. 28792

FILED SEP 3 1947

Registration District No. 316

Primary Registration District No. 4461

Registrar's No. 290

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bismarck
(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 Missouri (b) County St. Francois 94

(c) City or town Bismarck 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Sarah Lee

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Felix Lee

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

7. Birth date of deceased April (Month) - 1 (Day) - 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	4	22	hr. ..... min.

9. Birthplace Reynolds County, Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name Jack Mill
13. Birthplace Reynolds County Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Adams
15. Birthplace Reynolds County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Gibbons
(b) Address Bismarck, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 47 (Month) (Day) (Year)
(c) Place: burial or cremation Walker Ceme

18. (a) Signature of funeral director Sparks
(b) Address Flat River Mo

19. (a) 8-29-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1947 hour 2:30 minute A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1947, to Aug 23, 1947 that I last saw her alive on Aug 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension

Due to Senility

Due to .....

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

Major findings:
Of operations —
Of autopsy —

Duration

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? 0
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature Jas. W. Hoffman (M. D. or other) MD

Address Bismarck Mo. Date signed 8-29-47

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1941

RECEIVED

District Health Officer No. 4

District File Number 942-1

Date Filed 9-2-4

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 Murphy L Spain

Licensed Embalmer No. 4234

P. O. Address Hot Springs Ark

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.