

No. 2
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5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1947
70

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30696**
Registrar's No. **37**

Registration District No. **70**

Primary Registration District No. **5286**

1. PLACE OF DEATH:
(a) County Clark
(b) City or town Luray
(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 Clark 23
(c) City or town Luray
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles E. Lee
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 19th
year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Weigel 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June 21 1860
(Month) (Day) (Year)

Immediate cause of death CORONARY THROMBOSIS Duration _____

8. AGE: Years 87 Months 2 Days 28 If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 9/14/47

9. Birthplace Gasconade Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business _____

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 2

MOTHER FATHER {
12. Name William Lee
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dora Smith
15. Birthplace Netherlands Holland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Lee
(b) Address Luray Mo.
17. (a) Burial (b) Date thereof 9-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Boardman Cemetery Luray Mo.

18. (a) Signature of funeral director Fred J. Hare
(b) Address 111 Kates Ave. Luray Mo.
19. (a) Oct 6 (b) 47
(Date received local registrar) (Registrar's signature)

23. Signature H. Channing (M. D. or other)
Address Mahone Mo. Date signed 9-20-47

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

OCT 15 1947

RECEIVED
District Health Officer No. 10
District File Number 10-47-1398
OCT 13 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..... *F. J. Karle*

Licensed Embalmer No. 1023

P. O. Address..... *Kahoka, 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.