

FILED OCT 25 1947

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Georgetown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ravensway Hospital
(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 Howard 45
(c) City or town Rural New Franklin 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME

Sarah Elizabeth Lee

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 Widowed
6. (b) Name of husband or wife Arthur Lee 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 2 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Brown Monroe Chancellor
13. Birthplace Howard Co. Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Hanna Seartest
15. Birthplace Howard Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Chancellor
(b) Address New Franklin Mo

17. (a) Removal (b) Date thereof 10-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chapel Hill

18. (a) Signature of funeral director C. S. Reuben
(b) Address New Franklin Mo

19. (a) 10-9-47 (b) Dr. Hoover
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1947 hour 1 minute 25 a.m.

21. I hereby certify that I attended the deceased from Oct. 2
1947 to Oct 6 1947
that I last saw her alive on Oct 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the lung (Right) 1 1/2 years
Duration
Due to Cholesterol in date
Due to pressure on the heart
Other conditions etc. coming by stroke
(Include pregnancy within 3 months of death) etc. arteriosclerosis

Major findings: none
Of operations HFD
Of autopsy none

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) (e) Means of injury _____

23. Signature Dr. Hoover (M.D. of other) Dr. Hoover
Address Sumner Mo Date signed 10-9-47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-21-47

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 *L. H. P. Lee*

Licensed Embalmer No. *3515*

P. O. Address. *New Franklin, 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.