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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38537

State File No. _____

FILED DEC 9 1947 146
Registration District No. _____

Primary Registration District No. 3026

Registrar's No. 347

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
512 N. Liberty (residence) /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MISS LUCY LEA
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color of race White
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 24, 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 27
 If less than one day _____ hr. _____ min.

9. Birthplace Independence, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation housework

MOTHER FATHER

11. Industry or business _____
 12. Name T. C. Lea
 13. Birthplace Cleveland, Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Amanda Rose
 15. Birthplace unknown, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Claudine Hamilton
 (b) Address 512 N. Liberty Independence, Mo.
 17. (a) burial (b) Date thereof 11/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery
 18. (a) Signature of funeral director Joe G. Carson
 (b) Address Independence, Mo.

19. (a) 11-23-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Independence 4
(If outside city or town limits, write "RURAL")
 (d) Street No. 512 N. Liberty 4
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
 year 1947 hour 3:45 minute A M.
 21. I hereby certify that I attended the deceased from October 25, 1947, to November 20, 1947;
 that I last saw her alive on November 20, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arteriosclerotic Heart Disease App 4 mo
 Due to Arteriosclerosis years
 Due to Advanced Pulmonary Bronchiectasis 6 mo.
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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 W. H. Hickson (M. D. or other) M.D.
 Address 401 1st Natl Bank Bldg Date signed 11/23/47

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.....

R. D. Lisle

Licensed Embalmer No. *4123*

P. O. Address *Myrtlewood, 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.