

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1948

Registration District No. **156246**

Primary Registration District No. **20012**

Registrar's No.

73
0
0

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

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: Rt #4, Box 381
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Rural-Tanyard
(If outside city or town limits, write "RURAL")

(d) Street No. Rt #4, Box 381
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ernest Lea

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

3. (c) Social Security No. 440-09-2825

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Ruby 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 25 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>6</u>	<u>13</u>hr.min.

9. Birthplace Tanyard Newton Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business.....

12. Name James Lea

13. Birthplace Newton County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dougherty

15. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruby Lea

(b) Address Rt #4, Box 381

17. (a) Removal (b) Date thereof Feb. 9, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellevue, Galena, Kan.

18. (a) Signature of funeral director Thornhill Dillou

(b) Address Galena, Missouri

19. (a) 9-25-48 (b) Dalew Hopkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1948 hour 4:00 minute..... A.M.

21. I hereby certify that I attended the deceased from June 1, 1946 to Feb. 6, 1948
that I last saw him alive on Feb. 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Siliac Pulmonary Tuberculosis

Due to.....

Due to.....

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

Major findings:
Of operations..... 1 3 P/A

Of autopsy.....

PHYSICIAN
Underline the cause of 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?..... (Specify type of place)

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

23. W. B. Chapman (M. D. or other) 0
Address Galena, Mo. Date signed 2-7-48

FEB 25 1948

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

John M. Dunne

Licensed Embalmer No. *3566*

P. O. Address *John M. Dunne*

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.