

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13449**

Registration District No. **233**

Primary Registration District No. **5813**

Registrar's No. **8**

**1. PLACE OF DEATH:**

(a) County **Montgomery**  
 (b) City or town **Wabash**  
 Name of hospital or institution **Wabash RR Montgomery Mo**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **8 year at Buell**  
 In this community **8 year at Buell**  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Montgomery**  
 (c) City or town **Buell**  
 (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** **Alva Lee**  
 (b) If veteran, name war **-**  
 (c) Social Security No. **-**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **17**  
 year **1948** hour **10:31** minute **PM**  
**21. I hereby certify that I attended the deceased from** **11-15 PM**  
**17 April 1948** to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw h. - alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

**4. Sex** **M** **5. Color of race** **N.** **6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Bertha Lee** **6. (c) Age of husband or wife if alive** **67**  
**7. Birth date of deceased** **Feb - 17 - 1879**  
 (Month) (Day) (Year)

**Immediate cause of death** **Sublethal Hemiplegia of Brain + spinal cord**  
**Due to** **Traumatic Injury to Skull**  
**Due to** **Basal Fracture of Skull**  
**Other conditions** **Fractured Cervical Vertebrae**  
**Included pregnancy within 3 months of death** \_\_\_\_\_  
**Major findings:** **Fractured Rt. + Lt. Humerus**  
**Of operations** **Prost. Rt. Ulno-Radia**  
**Fractured Rt. Tibia Fibia + Ankle**  
**Fractured Lt. Femur**  
**Of autopsy** \_\_\_\_\_

**8. AGE:** Years **69** Months **1** Days **29**  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**Duration** \_\_\_\_\_  
**Physician** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**9. Birthplace** **Missouri**  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** **Scrap Dealer**  
**11. Industry or business** **None**  
**12. Name** **George Lee**  
**13. Birthplace** **West Virginia**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **Marion**  
**15. Birthplace** **Montgomery Mo**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **James Lee**  
 (b) Address **Buell Mo**  
**17. (a) Burial** (b) Date thereof **4-19-48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial - cremation **Burial Bellflower Mo**  
**18. (a) Signature of funeral director** **C. W. Hopkins**  
 (b) Address **Montgomery City Mo**  
**19. (a) 4-17-48** (b) **Thos. Meritt**  
 (Date received local registrar) (Registrar's signature)

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) **accident**  
 (b) Date of occurrence **17 April 1948**  
 (c) Where did injury occur? **Wellsville Montgomery Co MO**  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**on Wabash R.R. crossing - 4 m. SE Wellsville**  
 While at work? **Yes** (Specify type of place) **Truck Train**  
 (e) Means of injury **Crane**  
**23. Signature** **Clement W. Linnert** (M.D. or other) **MD**  
 Address **Montgomery City Mo** Date signed **17 April 48**

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

MOTHER FATHER

70  
00

70  
00

RECEIVED  
District Health Officer No. 9,  
District File Number  
APR 22 1948  
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, on the 17 th day  
April 1948, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed C. W. Hopkins  
*C. W. Hopkins*

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.