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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20075

Registration District No. 181 Primary Registration District No. 3040 Registrar's No. 81

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1309 Calhoun 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1309 Calhoun 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Perry Lee
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 8
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabelle Lee
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July (Month) 8 (Day) 1869 (Year)

8. AGE: Years 78 Months 11 Days 8 If less than one day — hr. — min.

9. Birthplace Clark Co. (City, town, or county) Ill. (State or foreign country) 1
10. Usual occupation Grocer Retired
11. Industry or business —

MOTHER FATHER
12. Name Riley Lee 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Lisle Wells
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Perry Lee 1
(b) Address Chillicothe, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Arthur, Ill
18. (a) Signature of funeral director Donald Gordon
(b) Address Chillicothe Mo
19. (a) June 18 1948 (Date received local registrar) (b) Francis B. Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1948 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from June 12, 1948, to June 16, 1948, that I last saw him alive on June 16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	7 days
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury 21
23. Signature J. E. Elliott D.O. (M. D. or other)
Address Chillicothe Mo Date signed 6-18-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Harold F. Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.