No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 82

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 22642

Registrar's No. 102

1. PLACE OF DEATH:
(a) County BOONVILLE
(b) City or town COOPER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 726 SPRING STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 19 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER
(c) City or town BOONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 726 SPRING STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MRS MAY ALICE LEE
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MACK LEE
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased MAY 8 - 1894 (Month) (Day) (Year)

8. AGE: Years 54 | Months 2 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace JOHNSON CITY (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME

FATHER
12. Name EDWARD ALLISON
13. Birthplace JOHNSON CITY (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name MARY ALLISON
15. Birthplace JOHNSON CITY (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant MACK LEE
(b) Address BOONVILLE - MO.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Aug. 4-1948 (Month) (Day) (Year)
(c) Place: burial or cremation BROOKPORT - ILL.
18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE - MO.
19. (a) 8-4-48 (Date received local registrar) (b) L. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 3r year 1948 hour 4 minute D M.

21. I hereby certify that I attended the deceased from July 17, 1942 to Aug 3, 1948; that I last saw her alive on July 12, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma - metastases in peritoneum and liver | |
| Due to: Carcinoma of ovary | |
| Due to: | |
| Other conditions: ascites (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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

23. Signature [illegible] (M. D. ~~or other~~)
Address 914 4th Street Boonville, Mo Date signed 8/4/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 8,
District File Number_____
Date Filed 8-11-48

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, N

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.