No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26789

Registration District No. 156 Primary Registration District No. 7001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days) In this community All Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 2117 Empire (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM A. LEA.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 10 (Day) 1871 (Year)
8. AGE: Years 76 Months 11 Days 25 If less than one day hr. min.
9. Birthplace Newton Co. (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation
11. Industry or business GROCERMAN
12. Name LUKE LEA. (FATHER)
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
14. Maiden name MIRANDA HOLLAND. (MOTHER)
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant MRS GLADYS BARREN
(b) Address 224 W. Central Carthage, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial
18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin Missouri
19. (a) 8-8-48 (Date received local registrar) (b) Delores Hampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1948 hour 8 minute P.M.
21. I hereby certify that I attended the deceased from 8-2-48, 19__, to 8-5-, 19 48, that I last saw him alive on 8-5, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema secondary to gunshot wound and attempted suicide which — Duration: 3 da
Due to resulted in removing considerable tissue from the left
Due to chest and removing three fourths of left arm.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

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

23. Signature [illegible] (M. D. or other)
Address 410 Jackson, Joplin, Mo Date signed 8-6-48

(Licensed Embalmer's Statement on Reverse Side)

48-7-681

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 Erling M. Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin, 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.

No. 2B
M—3-45
I X43883

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

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

3. (a) PRINT FULL NAME Wm A. Lea
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 10 (Month) (Day) (Year)
8. AGE: Years 76 Months 4 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country) Mo
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year hour minute M.
21. I hereby certify that I attended the deceased from 19, to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 16 40	

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) Suicide attempt
(b) Date of occurrence 8-2-48
(c) Where did injury occur? 2117 Empire, Joplin, Mo. (City or town) Jasper (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home (Specify type of place)
While at work? Means of injury gunshot wound
23. Signature [illegible] (M. D. or other)
Address 410 Jackson, Joplin, Mo Date signed 8-27-48

SUPPLEMENTARY

1948
S-26789