

FILED NOV 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37732

Registration District No. 296

Primary Registration District No. 4445

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Orrick
(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)
In this community All of Life
years, months or days

3. (a) PRINT FULL NAME Margot Jane Lee

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Allen Lee 6. (c) Age of husband or wife if alive 16 years 1860
7. Birth date of deceased Dec. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>10</u>	<u>13</u>	hr. _____ min.

9. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER
12. Name William Brown
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann White
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur G. Lee
(b) Address Orrick, Mo.
17. (a) Burial (b) Date thereof 10-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rowland Cemetery

18. (a) Signature of funeral director B. W. Good

(b) Address Orrick, Mo.

19. (a) 10/31-48 (b) Melen Parker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(c) City or town Orrick,
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1948 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 10-27
1948 to 10-28 1948
that I last saw her alive on 10-28 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 3 day

Due to Chronic interstitial nephritis & uremia

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

Major findings: Of operations 13/10
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 0

23. Signature W. E. Shale (M. D. or other)
Address Orrick, Mo. Date signed 10-30-48

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

89
0
0

RECEIVED
District Health Officer No. 8,
Product File Number 87-57-1

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.

Self

Signed *Victor E. Irwin*

Licensed Embalmer No. *5896*

P. O. Address *Liberty, 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.