

FILED AUG 24 1948
National Office of Vital Statistics

Registration District No. 77

Primary Registration District No. 3016

State File No. 193

Registrar's No. 193

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Susan Elizabeth Lee

3. (b) If veteran,

3. (c) Social Security No.

name war

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased Mar 28 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 4 22 hr. min.

9. Birthplace Dent Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Green

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Miller

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Lee

(b) Address California Mo

17. (a) Buried (b) Date thereof 8-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cal. Masonic Cem.

18. (a) Signature of funeral director Williams Fun Home

(b) Address California Mo

19. (a) 8-19-48 (b) P. Derrin
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau
(c) City or town California Mo 68
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1948 hour 8 minute 55 P. M.

21. I hereby certify that I attended the deceased from Aug 18
1948, to Aug 18 1948
that I last saw her alive on Aug 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Coronary thrombosis
Due to Atherosclerosis

Other conditions
(Include pregnancy within 8 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 M. R. Derrin (M. D. or other)
Address Jefferson City Mo Date signed Aug 19/48

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

MOTHER FATHER

1006 Farmanet Court

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 23 1948

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

HE Friedmeyer

Licensed Embalmer No.

2854

P. O. Address

California 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.