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7-39  
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS  
FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31579

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 237

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
400 E Second St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution  2  
(Specify whether)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Nancy Thomas Lee

(b) If veteran, name war

(c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Isaac Herman Lee

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased April 10 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 7  
If less than one day hr. min.

9. Birthplace Rolla County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 9

MOTHER FATHER

12. Name W.C. Wilson

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

14. Maiden name Margaret W.C.

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

16. (a) Informant Elizabeth Hutto

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof 9/19/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director J. H. Wallace

(b) Address Fulton, Missouri

19. (a) 9/18/40 (b) R. M. Crew  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Fulton  
(If outside city or town limits, write "RURAL")

(d) Street No. 400 E Second St  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17th  
year 1940 hour about 3 pm minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Dec 7-1939  
19\_\_\_\_ to Sept-17 1940  
that I last saw her alive on Sept-17 1940  
and that death occurred on the same day and hour stated above.

Immediate cause of death Toxemia of kidney  
about 9 mo ago - she had no  
her toes on feet & fell on floor of  
her home -  
Due to Estes-Cachexia

Duration  
one year longer.

Due to \_\_\_\_\_

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

Major findings: ✓  
Of operations 1st  
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): Accident

(b) Date of occurrence Dec 7-1939

(c) Where did injury occur? Own home - Fulton, Callaway MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Fell, Trachelismus, Own Home  
(Specify type of place) (e) Means of injury ✓

23. Signature R. M. Crew (M. D. or other) M.D.

Address Fulton MO Date signed 9/18/40

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

**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 J. Christey*

Licensed Embalmer No. *4002*

P. O. Address

*Multon, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**