

FILED NOV 27 1946
Registration District No. 956

Primary Registration District No. 6209

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

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural Piney
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 YRS years, months or days

3. (a) PRINT FULL NAME RACHEL J. LEA

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

4. Sex Female 5. Color of hair White
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James Lea 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: April 29 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alex. J. Lee

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

14. Maiden name Rebecca Wilkins

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

16. (a) Informant James W. Lea

(b) Address Buayus

17. (a) Burial (b) Date thereof: 10-5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emergency

18. (a) Signature of funeral director Taylor E. Holt

(b) Address Yonah's No. 1

19. (a) Oct 14-46 (b) Myrtle Craig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Texas

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

(d) Street No. 7th N.W. Houston
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1946 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from April 4 1946 to Oct. 3 1946
that I last saw her alive on Oct. 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decompensation
Due to Mitral Insufficiency

Duration

1 yr.

5 yrs.

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

Major findings:
Of operations _____

Of autopsy A2 B

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Henry R. Rorby (M. D. or other) D.O.

Address Houston, Mo. Date signed 10-4-46

RECEIVED

District Health Officer No. 5,

District File Number 10-46-290

Date Filed 11-4-46

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 Frank E. Wood

Licensed Embalmer No. 4096

P. O. Address Houston, 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.