

1938 JAN 1 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41643
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Low Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 3433 Charlotte Registered No. 4709
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary E. Lee
(a) Residence, No. 3433 Charlotte St St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Asa E. Lee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 1/2 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaver Meadow Pa

FATHER 13. NAME Wm Washburn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER 15. MAIDEN NAME Loretta Fry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Blanche Lee 3433 Charlotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Osage City, Mo. Dec 7 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. H. McKeefresh Osage City, Mo.

20. FILED Dec 4 1938 M. D. Registrar Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1938
22. I HEREBY CERTIFY, That I attended deceased from May 12 1938 to Dec 4 1938
I last saw him alive on Dec 4 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Failure - Dec 4-38
Cerebral Embolism - 5 MO
Hypertensive Myocarditis - 5 MO

Other contributory causes of importance:
Name of operation Blow out syringes Date of -
What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? - Date of injury -, 19-
Where did injury occur? - (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify -
(Signed) F. C. H. Lee, M. D.
(Address) Osage Professional Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.