

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

1086
 Do not use this space.

REC'D FEB 20 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1097 Registered No. 99
 or
 (c) City Kansas City (d) Street No. Mercy Hospital St.
 (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

Thelma Lee
 (a) Residence, No. 8332 Wilson Ave St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wife</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-1-38</u>			
7. AGE YEARS		MONTHS	DAYS
		<u>7</u>	<u>8</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
	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) <u>Kansas City Mo</u>		
FATHER	13. NAME <u>Charles B Lee</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
MOTHER	15. MAIDEN NAME <u>Evelyn L Shields</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Chas B. Lee 8332 Wilson Rd</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Glendale Hills</u> DATE <u>1-10-39</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Sheets Funeral Home</u>			
20. FILED <u>Jan 9 1939</u> <u>M. M. Crowe</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8-39 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1939, to 1-8 1939
 I last saw h.c. alive on 1-7 1939. Death is said to have occurred on the date stated above, at 5:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia
Primary
107a

Date of onset 1-2-38

Other contributory causes of importance: _____

Name of operation none 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? _____
 If so, specify _____
 (Signed) Frank S. Hoyer M. D.
 (Address) 315 Alameda Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be certified accurate. DO NOT attempt to secure EXACTLY. PHYSICIANS should state

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.