

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

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1318
Registrar's No. 303

Registration District No. 299 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: General Hospital No. 2.
(d) Length of stay: In hospital or institution 12-7-39-1-14-40
In this community 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(d) Street No. 910 E. 25th St.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Richard Lee
(b) If veteran, name war Unk. (c) Social Security No. Unk.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude Lee 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased 3 27 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>9</u>	<u>19</u>	hr. * min.

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

10. Usual occupation none

11. Industry or business 9
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant's own signature Record Clerk
(b) Address General Hospital No. 2.
17. (a) Blue Ridge Lane (b) Date thereof Jan 24, 1940
(c) Place of burial or cremation St. Stephen's
18. (a) Signature of funeral director St. Stephen's
(b) Address 1811 E. 12th St. K.C. Mo
19. (a) Jan. 22 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 14
year 40 hour 7 minute 55 P. M.
21. I hereby certify that I attended the deceased from 12-7- 1939 to 1-14 1940
that I last saw him alive on 1-14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
Means of injury _____
23. Signature A. C. Howard (M. D. or other) _____
Address General Hospital #2 Date signed 1-15-

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 E. Sterling Bells

Licensed Embalmer No. 3178

P. O. Address 1811 E. 12th KCMO

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.