

FILED APR 23 1940
Registration District No. 598

Primary Registration District No. 5554

Registrar's No. 96

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

1. PLACE OF DEATH:
(a) County Jackson Blue Inks
(b) City or town Sugar Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
11216 Burton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7
In this community 35 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Sugar Creek
(If outside city or town limits, write "RURAL")
(d) Street No. 11216 Burton St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Henry J. Lee, 600
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26
year 1940 hour 2 minute A.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced _____
(b) Name of husband or wife Mad. Alvida Lee 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased: Feb. 28 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6/5, 1938, to 3/26, 1940, that I last saw him alive on 3/1, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 00 Days 28 If less than one day _____ hr. _____ min.
9. Birthplace: Harristville Ohio
(City, town, or county) (State or foreign country)

Immediate cause of death
Coronary Thrombosis

10. Usual occupation Retired
11. Industry or business Union Tank Car Co.
12. Name Benjamin F. Lee
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

Due to Arterio Sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

16. (a) Informant Mr. F. H. Lee
(b) Address 9531 Van Horn Rd. H. C. Mo.
17. (a) Burial (b) Date thereof Mar 28-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hills
18. (a) Signature of funeral director Ott + Mitchell
(b) Address Independence, Mo
19. (a) March 27-1940 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____
Of autopsy no

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 _____
23. Signature Bullman (M. D. or other) MD
Address 10307 Indep Ave Date signed 3/26/40

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Henry D. Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep. 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, above space should be left blank.

Registration District No. 398

Primary Registration District No. 5354

Registrar's No. 95-

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Blue Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Henry J Lee

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

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Aluida Lee
6. (c) Age of husband, or wife, if alive 74 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 79 Months 28 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) May 4/40 (Date received local registrar) (b) A. C. Cook (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mch day 26
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death

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? (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

23. Signature C. S. Gillman (M. D. or other)

Address 10307 Independence Ave. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1940
S-11211