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DEPARTMENT OF COMMERCE
FILED MAR 21 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

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STANDARD CERTIFICATE OF DEATH

State File No. **5753**
Registrar's No. **525**

Registration District No. **399** Primary Registration District No. **602**

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **Lake Side Hospital**
(d) Length of stay: In hospital or institution **One day**
In this community **30 Yrs.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3521 Baltimore**
(e) If foreign born, how long in U. S. A. **1** years.

3. (a) PRINT FULL NAME **Grover S. Lee**
(b) If veteran, name war **World War**
(c) Social Security No. **486-07-4089**

4. Sex **Male** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **May Lee** (c) Age of husband or wife if alive **1890** years
7. Birth date of deceased **Oct. 9 1890**

8. AGE: Years **50** Months **3** Days **7** If less than one day **hr. min.**

9. Birthplace **St. Louis Mo.**

10. Usual occupation **Broker**

11. Industry or business
12. Name **Manuel Lee**
13. Birthplace **Canada**
14. Maiden name **Edith**
15. Birthplace **9**

16. (a) Informant **May Lee**
(b) Address **3521 Baltimore**

17. (a) **Burial** (b) Date thereof **2-7-41**
(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Eylar Funeral Home**
(b) Address **1800 Linwood K.C. Mo.**

19. (a) **2-5-41** (b) **Mo Mc Crowe**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb. 4** day **4** year **1941** hour **8** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **Jan. 12 1941** to **Feb. 4 1941**; that I last saw him alive on **Feb. 4 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Meningitis (pneumococic)** Duration **2 days**

Due to **Influenza with ear infection** **6 weeks**

Due to **Diabetes mellitus** **4 yrs.**

Other conditions **Diabetes mellitus**
Major findings: **Of operations**
Of autopsy: **61**

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? _____

23. Signature **Robert A. Beard**
Address **2307 B. Ryan St. Mo.**

Dr. Beard, Bryant Bldg
Room 2307

FEB 23 1945

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 Chas Wick

Licensed Embalmer No. 2644

P. O. Address 1800 Pinewood

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.