

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17134
Registrar's No. 1796

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Fred Mc Lees

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced single (1)

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 22 1930
(Month) (Day) (Year)

8. AGE: Years 10 Months 7 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation School Boy

11. Industry or business _____

12. Name Alexander Mc Lees

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

14. Maiden name Oliver Hutchison

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

16. (a) Informant Alexander Mc Lees

(b) Address 1221 So. Pleasant

17. (a) Burial (b) Date thereof 5/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodlaw Cem

18. (a) Signature of funeral director Local Caron

(b) Address Independence, Mo.

19. (a) May 6 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1221 So. Pleasant
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 4
1941, to May 4 1941

that I last saw him alive on May 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis meningitis

Due to The Bacilli

Due to Arterio tuberculos

Other conditions 12 B
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Same - 12 B

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 W B Goddard (M. D. or other) MD
Address 1316 Prof Bldg Date signed May 6 1941

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

Permit to perform work

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 *Raymond N. Marten*

Licensed Embalmer No. *4150*

P. O. Address *Independence 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, fact should be so stated above.