

No. 2  
11-10-39  
1-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20597  
State File No. \_\_\_\_\_  
Registrar's No. 2127

Registration District No. 297

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:  
2633 Myrtle Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 23 Years  
years, months or days)

3. (a) PRINT FULL NAME Mrs Margaret Alice LEE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. divorced Widowed

6. (b) Name of husband or wife Louis Robert Lee 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 17 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Day 13 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Duties at Home

11. Industry or business \_\_\_\_\_

12. Name William Henry Curran

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

14. Maiden name Theresa King  
15. Birthplace Ireland Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Swegle, daughter,

(b) Address 2633 Myrtle, Kansas City, Mo

17. (a) Burial (b) Date thereof 6/2/41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 6/1/1941 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2633 Myrtle Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30  
year 1941 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 29  
\_\_\_\_\_ 1941 to May 30 1941;  
that I last saw her alive on May 30 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5/19/41

Due to Head injury 1860 5/19/41

Due to 1860 1860 5/19/41

Other conditions Hypertensive Branchial pneumonia 5/19/41  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) Fall in home while sleeping

(b) Date of occurrence 5/19/41

(c) Where did injury occur? K.C. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Fall

23. Signature John M. Powers (M. D. or other) D  
Address 6322 1/2 E. 27th St Date signed 5/31/41

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

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JUN 23 1941

NOV 17 1940

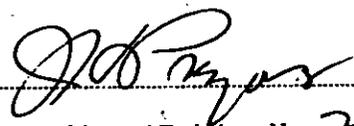
STATEMENT BY LICENSED EMBALMER

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. 267

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2999

P. O. Address.....

15C

**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.**