

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24327
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. _____
 (b) Township Kaw Primary Registration District No. _____
 (c) City Kansas City (d) Street No. Wesley Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 0 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2866

2. PRINT FULL NAME Lucille Jerry Anderson

(a) Residence, No. 819 Oak St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1901
 7. AGE YEARS 40 MONTHS 4 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1941
 22. I HEREBY CERTIFY, That I attended deceased from July 29, 1941, to July 30, 1941
 I last saw her alive on July 30, 1941. Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Edema of the brain, etiology undetermined

Date of onset

Other contributory causes of importance: 107 Early bronchial pneumonia of lower right lobe.

12. BIRTHPLACE (CITY OR TOWN) Hutchinson (STATE OR COUNTRY) Kansas
 FATHER 13. NAME Marshall F. Lee
 14. BIRTHPLACE (CITY OR TOWN) Columbus (STATE OR COUNTRY) Indiana
 MOTHER 15. MAIDEN NAME Mary Palmer
 16. BIRTHPLACE (CITY OR TOWN) Vevay (STATE OR COUNTRY) Indiana

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

17. INFORMANT Marshall F. Lee (ADDRESS) Lonca City, Okla.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 7/31/41 19

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (NAME) Zurk & Tobin Co. (ADDRESS) H. C. Ind.
 20. FILED 7-30 19 41 M. M. Brown Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) D. M. Negro M. D.
 (Address) Argyle Bldg. K.C. Mo.

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 _____

Licensed Embalmer No. _____

P.O. Address _____

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.