

SEP 10 1941 85

State File No. _____

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 834

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 7 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 311 Sycamore
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Juanita Rose Lee

3. (b) If veteran, name war none

3. (c) Social Security No. none

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

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

7. Birth date of deceased Jan 1 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 7 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

12. Name Raymond Lee

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

14. Maiden name Anna Lewis

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

16. (a) Informant Raymond Lee

(b) Address 311 Sycamore St

17. (a) Burial (b) Date thereof 8-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Gray Barry

(b) Address 218 So 10 St

19. (a) 8-20-1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1941 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from 7-31 1941 to 8-18 1941
that I last saw her alive on 8-18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Lobar) Rt. upper lobe

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.
Address St Joseph Mo Date signed 8-20-41

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

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.....

.....
working under my personal supervision.

myself

....., Registered Apprentice No.

Signed.....

John E. Rupp

Licensed Embalmer No.

3986

P. O. Address.....

*6954 Rupp Ave
St. Joseph, 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.