

S. No. 2
I-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42047

State File No.

DEC 31 1941

Registrar's No. 333

Registration District No. 398

Primary Registration District No. 9019

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

18
4
4

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2739 So Chrysler Indep
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 206 W. Main
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Thomas H. Lee

3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1941 hour 1:10 minute P. M.

4. Sex Male 5. Color or race wht

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Sept. 27, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 11, 1941 to Dec 12, 1941 that I last saw him live on Dec 12, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 2 Days 15 If less than one day..... hr..... min.

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

Immediate cause of death Cerebral Hemorrhages
C Left sided hemiplegia

Due to Nephritis & hypertension

Due to.....

Duration
24 hr

10. Usual occupation Cabinet maker

11. Industry or business.....

MOTHER FATHER { 12. Name Isaac Morgan Lee

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

14. Maiden name unknown

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

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

Major findings: Of operations..... 1218

Of autopsy.....

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

16. (a) Informant Mrs. E. H. Rector

(b) Address Independence Mo

17. (a) Burial (b) Date thereof Dec. 14, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Bate & Speaks

(b) Address Independence Mo

19. (a) Dec. 13/41 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

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?.....

(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature W. H. Allen (M. D. or other) M.D.

Address Independence Date signed 12-13-41

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(Licensed Embalmer's Statement on Reverse Side)

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Poland Speake

Licensed Embalmer No. 3604

P. O. Address Independence

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.