

S. No. 2
-1-4-41
5-17-39
P I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1316**
396
Registrar's No. _____

FILED FEB 11 1942

Registration District No. 299

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Hours
(Specify whether in this community 3 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Lees Summit
(If outside city or town limits, write "RURAL")
(d) Street No. Unity Farm
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Bena Griswold Lee

3. (b) If veteran, name war No 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 Mr. Luther O. Lee 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased March 10 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 17 hr. min.

9. Birthplace Windsor / Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER { 12. Name Ezra Griswold
13. Birthplace Windsor Ohio /
(City, town, or county) (State or foreign country)
14. Maiden name Elvira Howe
15. Birthplace Windsor Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Fillmore

(b) Address Unity Farm, Lees Summit, Mo.

17. (a) Removal (b) Date thereof Jan. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

(c) Place: burial or cremation 1401 Springfield, Missouri

18. (a) Signature of funeral director O.H. Newsome's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 28/42 (b) M. M. Crow
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27th
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 25 1942 to Jan. 27 1942
and that I last saw her alive on Jan. 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

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) _____
(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? _____ Means of injury _____
23. Signature Cliff P. Miller, M.D.
Address Lees Summit Mo Date signed 1/28/42

See Summit, 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.....

Henry Quisber

Licensed Embalmer No. *4070*

P. O. Address *Ac 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.