

FILED FEB 11 1942  
399

State File No. ....

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 104

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:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution, 1 1/2 Day  
(Specify whether  
 In this community... 47 Years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State... Missouri (b) County... Jackson 48  
 (c) City or town... Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No... 405 South Gladstone Blvd. 8  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country... --- C.

**3. (a) PRINT FULL NAME** Mrs. Mary Elizabeth Lee  
 3. (b) If veteran, name war... No 3. (c) Social Security No... No

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Jan day 7th  
 year... 1942 hour... 4 minute... 35 P. M.

4. Sex Female / race White / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife... Mr. Charles Clyde Lee  
 6. (c) Age of husband or wife if alive... 57 years  
 7. Birth date of deceased... September 18 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
September 1, 1939, to Jan. 7, 1942  
 that I last saw her alive on Jan 7, 1942  
 and that death occurred on the 7 day and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>3</u>	<u>19</u>	.....hr. ....min.

Immediate cause of death... Addison's Disease 2 yrs.  
47 mo.  
 Due to... Granulomatous necrosis of the Adrenals  
 Due to... (Probably Tuberculous)  
 Other conditions... 12/2  
(Include pregnancy within 3 months of death)

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

10. Usual occupation... Housewife

**MOTHER FATHER**  
 11. Industry or business...  
 12. Name Boy Dana Lyddon  
 13. Birthplace Rochester N.Y.  
(City, town, or county) (State or foreign country)  
 14. Maiden name North Carol  
 15. Birthplace Rochester N.Y.  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations...  
 Of autopsy... as stated above  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant... Tele. Rm.  
 (b) Address... 405 South Gladstone Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1942  
(Month) (Day) (Year)

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?

(c) Place: burial or cremation... 1401 Mt. Washington Cem.

18. (a) Signature of funeral director... O. H. Newcomer, son  
 (b) Address... 1401 Brush Creek Blvd.

23. Signature... John F. Caldwell (M. D. or other) MD  
 Address... Kansas City, Mo. Date signed 1/8/42

19. (a) 1-9-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**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.....

*C. Hervey Dusenberry*

Licensed Embalmer No.....

*4070*

P. O. Address.....

*KC 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.**