

FILED MAR 9 1948
Registration District No. 485

Primary Registration District No. 1001

State File No. _____

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2221 Charles St.
In this community 55 Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 2221 Charles Street.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/ 16/ 1948
year 1948 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 16 to
1948 to Feb 16 1948
that I last saw him alive on Feb 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis of Coronary Arteries
Duration _____
Due to: Sclerosis of Coronary Arteries
Due to _____

Other conditions: Diabetes Insipidus 607 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 601
Of autopsy: _____
PHYSICIAN _____
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? _____

While at work? (Specify type of place) _____
(e) Means of injury 0

23. Signature J. P. Sisk (M. D. or other) _____
Address St. Joseph Mo. Date signed 2-16-48

3. (a) PRINT FULL NAME Edward Lee Lee

3. (b) If veteran, name war None 3. (c) Social Security No. 491-10-6821

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Lee 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec. 7, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 9 hr. min.

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

10. Usual occupation Porter or Janitor (Bank)

11. Industry or business None

12. Name John Alexander Lee

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

14. Maiden name Amanda J. Colston

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

16. (a) Informant Mrs. Pearl Lee

(b) Address 2221 Charles St. St. Joseph

17. (a) Bural (b) Date thereof 2/19/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Ransom

(b) Address 1602 Messanie St. St. Joseph MO

19. (a) Feb 19, 1948 (b) J. P. Sisk
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

MAR 7 1942

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.....

J. F. Ramsey

Licensed Embalmer No. 4081

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, fact should be so stated above.