

FILED AUG 1 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2817

48
830
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
46 Highway to Blue River
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME David W. Lee

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex M / 5. Color or race W

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 Aug 10 1925
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	16	11	13	hr. min.

9. Birthplace Walsford Kan /
(City, town, or county) (State or foreign country)

10. Usual occupation Th School

11. Industry or business same

12. Name Otto Lee

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

14. Maiden name Edie Bowser

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

16. (a) Informant Mrs Otto Lee

(b) Address 2319 Wabash

17. (a) Burial (b) Date thereof 7/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director Snow Mayberry

(b) Address 2315 Danwood

19. (a) 7-25-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2319 Wabash
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23
year 42 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from Crown 19...
that I last saw him alive on ... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental Drowning
Due to 183
Other conditions: 34
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Persistent thrombus
Of autopsy: in supratentorial space
acute sub. bleed

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) Accident 048
(b) Date of occurrence 7/23/42
(c) Where did injury occur Blue Bon Jackson & NW
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home Drowned

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

23. Signature O. Smith (M. D. or other) 7/25/42
Address Home Date signed

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.....

Ray E. Snow

Licensed Embalmer No. *2560*

P. O. Address *K.C., 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.