

FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36299

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4386

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:  
3824 Michigan Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 2 Years  
years, months or days)

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. 3824 Michigan Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mrs. Hattie Lee  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

20. DATE OF DEATH: Month November day 26  
year 1942 hour 2 minute 05 A.M.

4. Sex Female 5. Color or race White  
6. (a) Name of husband or wife: William R. Lee  
6. (b) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: January 6 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis  
Duration \_\_\_\_\_

8. AGE: Years 71 Months 10 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to 93 B

9. Birthplace: Jackson County Missouri  
(City, town, or county) (State or foreign country)

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation: None

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

11. Industry or business: At Home

12. Name: Alvin Douglas

13. Birthplace: Amarda Ricketts Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name: Amarda Ricketts

15. Birthplace: 3824 Michigan Ave Mo.  
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.  
Of autopsy: Chron. dilatation of heart  
Pulmon congestion & edema

16. (a) Informant: Mrs. Opal Hulet

(b) Address: 3824 Michigan Avenue

17. (a) Burial Removed Date thereof: Nov. 28, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Corinth Cemetery K.C., Kansas

18. (a) Signature of funeral director: H. H. Newcomer

(b) Address: 1401 Brush Creek Blvd.

19. (a) 11-27-42 (b) M. M. Brown  
(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? \_\_\_\_\_

23. Signature: H. W. Weidhardt (M. D. or other) \_\_\_\_\_  
Address: K.C. - 1240 Date signed: 11-26-42

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

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.**