

FILED JAN 11 1943

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 197

24
1

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

1. PLACE OF DEATH

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
302 North Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 31 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

(c) City or town Excelsior Springs 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ 0

3. (a) PRINT FULL NAME John Rivers Lee

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1942 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept. 29, 1942 to Dec 25, 1942

that I last saw h. i. m. alive on Dec 25, 1942 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race w

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Stella M. 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 9 - 1874
(Month) (Day) (Year)

Immediate cause of death Coronary Insufficiency
arteriosclerosis
Myocardial damage
auricular fibrillation

Duration several
years

Due to _____

Other conditions P.
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

68 5 16 hr. _____ min.

9. Birthplace Mountain Grove Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business _____

MOTHER FATHER

12. Name Alvin Lee

13. Birthplace unk town 9
(City, town, or county) (State or foreign country)

14. Maiden name unk town

15. Birthplace unk town 9
(City, town, or county) (State or foreign country)

Major findings: 0 932

Of operations 0

Of autopsy 0

Underline the cause to which death should be charged statistically.

16. (a) Informant Stella M. Lee

(b) Address Missouri

17. (a) Burial (b) Date thereof 12-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence _____

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Claude Richard

(b) Address Excelsior Springs, Missouri

(Specify type of place) _____ (c) Means of injury 0 MD

23. Signature SP M. Corbett (M. D. or other) MD

Address Excelsior sprg, Mo Date signed 12/28/42

19. (a) 12-29-42 (b) Mrs. Sadie Redman
(Date received local registrar) (Registrar's signature)

1166

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-8-42

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

Robert Ray

Licensed Embalmer No.

4182

P. O. Address

Excelsior Springs, 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.