

3. No. 2
1-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5308

State File No.

Registrar's No.: 1104

FILED MAR 15 1943
Registration District No. 149

Primary Registration District No. 1002

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:
Home (3326 College)
(If not in hospital or institution, write street number or location)

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

In this community 9 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 3326 College
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hunter Gene Lee

3. (b) If veteran, name war WW

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 17 1933
(Month) (Day) (Year)

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

9	2	12 15	hr. _____ min.
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9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Hunter G. Lee

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

14. Maiden name Bessie E. Frank

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

16. (a) Informant Hunter G. Lee

(b) Address 3326 College

17. (a) burial (b) Date thereof March 6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Rose & Henderson

(b) Address 4139 E. 15th. st.

19. (a) 3-4-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1943 hour 5 minute 30 AM.

21. I hereby certify that I attended the deceased from Feb 16
1943 to March 4 1943

that I last saw him alive on March 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Hyphostatic pneumonia (terminal)

Due to Congenital Cerebral Palsy
Congenital Cerebral Contracture

Due to _____

Other conditions: Had never been able to walk.
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: 83 B

Of operations _____

Of autopsy _____

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 Frank Steliff (M. D. or other)
Address 315 Alameda Rd. Date signed March 4/43

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.....

John B. Camp

Licensed Embalmer No.....

29153-17 C. Mo

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.