

FILED MAR 5 1943  
149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 868

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2-11-43-2-15-43  
(Specify whether  
In this community 30 years  
years, months or days)

3. (a) PRINT FULL NAME LOU LEE

3. (b) If veteran, name war no 3. (c) Social Security No. now

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

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

7. Birth date of deceased July 15 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 7 0 hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER, FATHER { 12. Name Thompson Chinn  
13. Birthplace Glasgow Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucy  
15. Birthplace Glasgow Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Cemetery

18. (a) Signature of funeral director W. C. Johnson  
(b) Address 2-19-43

19. (a) 2-19-43 (Date received local registrar) (b) M. M. Brown (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. 1914 E. 16  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15  
year 1943 hour 5:30 minute a. M.

21. I hereby certify that I attended the deceased from February 11 1943 to February 15 1943;  
that I last saw her alive on February 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Duration

Due to Pyelitis with cystitis

Due to 133a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Same as above

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) Means of injury

23. Signature G. A. DeWitt (M. D. or other) Address Gen. Hosp #2-605 E. 22 Date signed 2-18-43

**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.....

*C. H. West*

Licensed Embalmer No.....

*2710*

P. O. Address.....

*K. C. M. O.*

**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.**