

No. 2  
-2.43  
5-17-39  
I X35897

FILED MAR 27 1944  
Registration District No. 125

Primary Registration District No. 5572

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home for aged  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 6 mo. 13 days  
(Specify whether years, months or days)

In this community 25 years

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. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME William H. Lee

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased April 3 1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Lancaster Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name No Record

13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant George Jackson County Home

(b) Address Rt. 4, Independence, Mo.

17. (a) Removed (b) Date thereof 2-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas city NO

18. (a) Signature of funeral director F. W. Wagner

(b) Address Kansas city NO

19. (a) Feb. 16, 1944 (b) F. M. Schickel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16  
year 1944 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from Aug 3 1943 to 2/16 1944  
that I last saw him alive on 2/16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations 93d

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? \_\_\_\_\_

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

23. Signature J. H. Beemer (M. D. or other) \_\_\_\_\_

Address Independence Date signed 2/16/44

\_\_\_\_\_

\_\_\_\_\_

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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 A. R. Henschel  
Licensed Embalmer No. 4159  
P. O. Address Kansas City 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.**