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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16900

Primary Registration District No. 1002

Registrar's No. 2278

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Late Rest Home 3331 Prospect (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 month (Specify whether years, months or days)
In this community: 2 years 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 4012 Troost (If rural, give location) 8
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Florence Lee Aker
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: fe
5. Color or race: White
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: Preston T. Aker
6. (c) Age of husband or wife if dead: 1942 years
7. Birth date of deceased: June (Month) 7 (Day) 1868 (Year)

8. AGE: Years 75 Months 11 Days 20 If less than one day: hr. min.

9. Birthplace: Stanstead (City, town, or county) Vt. (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER
12. Name: Joseph Henry W. Lee
13. Birthplace: Unknown (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: Josephine Lee
15. Birthplace: Unknown (City, town, or country) (State or foreign country)
16. (a) Informant: Martin J. Aker
(b) Address: 4012 Troost KC Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-31-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Smithville, Mo.
18. (a) Signature of funeral director: McGowan Funeral Home
(b) Address: Smithville, Mo.
19. (a) 5-27-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 27 year: 1944 hour: minute: M.
21. I hereby certify that I attended the deceased from March 1939, to May 27, 1944, that I last saw her alive on May 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lupus Myocarditis	1943
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 930	

Major findings:
Of operations:
Of autopsy: X

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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: N. G. Pitts (M. D. or other)
Address: 6 W. Professional Bldg. Date signed: 5-27-44

(Licensed Embalmer's Statement on Reverse Side)

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 S. R. McCowan

Licensed Embalmer No. 2303

P. O. Address Smithville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.