

FILED MAY 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17073

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2029

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:
4005 Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years 8 months
years, months or days)

3. (a) PRINT FULL NAME Larry Lee

3. (b) If veteran, name war no 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased Sept - 1st - 1941.
(Month) (Day) (Year)

8. AGE: Years 2 Months 8 Days 7 If less than one day hr. _____ min. _____

9. Birthplace KANSAS CITY KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business NONE

12. Name STEPHEN - LEE

13. Birthplace LEYENSWORTH KAN-1
(City, town, or county) (State or foreign country)

14. Maiden name MARY M - MARSHALL

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

16. (a) Informant AMELIA LEE

(b) Address 1302 Wood Ave K.C. Mo

17. (a) burial (b) Date thereof 5-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE - CEMETERY

18. (c) Signature of funeral director MORTON FUNERAL-H

(b) Address NORTH Kan City mo

19. (a) 5-10-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4005 Olive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1944 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him/her alive _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Contusion & Hematoma of head -
Due to Intra-cranial hemorrhage
Due to Fall down stairs

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy See above by history & inspection

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

(a) Accident, suicide, or homicide (specify) Accident 123
(b) Date of occurrence 5/11/44
(c) Where did injury occur? 4005 Olive K.C. Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? NO (Specify type of place) (e) Means of injury _____
23. Signature A. E. Walker (M. D. or other) M.D.
231 McLean Date signed 5/19/44

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

MOTHER FATHER

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..... *Park S Rowe*.....

Licensed Embalmer No..... *2347*.....

P. O. Address..... *Kemp*.....

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.