

FILED NOV 14 1944 49

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:  
5012 Forest,  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no.  
(Specify whether  
 In this community all her life,  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Rita Palmer Lee  
 3. (b) If veteran, name war no.  
 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Pomeroy C. Lee  
 6. (c) Age of husband or wife if alive unknown years  
 7. Birth date of deceased October 5 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 0 23 hr. min.

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

10. Usual occupation at home,

11. Industry or business x  
 12. Name Lucian Palmer  
 13. Birthplace unknown,  
(City, town, or county) (State or foreign country)  
 14. Maiden name unknown,  
 15. Birthplace unknown,  
(City, town, or county) (State or foreign country)

16. (a) Informant Pomeroy C. Lee,  
 (b) Address 5012 Forest, Kansas City, Mo.

17. (a) Burial (b) Date thereof 10-31-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,  
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-30-44 (b) J. 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. 5012 Forest  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country x

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 28th  
 year 1944 hour 11:00 minute P. M.  
 21. I hereby certify that I attended the deceased from Deputy Coroner, 19.....;  
 that I last saw him alive on, 19.....;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Acute circulatory failure  
Dysrhythmias of the heart  
Hypertension (out altern)  
 Other conditions 63 yr  
(Include pregnancy within 3 months of death)  
 Major findings: See above  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 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)  
 (e) Means of injury MD  
 23. Signature A. E. Walker (M. D. or other)  
 Address 23 rd & Mc Car Date signed 10/29/44

**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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T. C. 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.**