

S. No. 2
 FORM-2-43
 v. 5-17-39
 X35697

1255

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

5409

FILED JAN 17 1945
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
3242 Norledge Conv. Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2-Years
(Specify whether years, months or days)
 In this community 84 years
(Specify whether years, months or days)

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. 3242 Norledge
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS JENNIE LEA

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

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

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

7. Birth date of deceased Jan 17 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Oak Grove Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired--Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name No record

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

14. Maiden name No record

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

16. (a) Informant Rev. Edward Burke

(b) Address Benton Blvd Lexington

17. (a) Burial (b) Date thereof Jan 3 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Burke & Sabin Co

(b) Address 20 West Linwood

19. 1-23-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
 year 1944 hour 11:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from 12-1-1944
 1943, to 12-30-44 1944
 that I last saw her alive on 12-29 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 hrs.

Due to arteriosclerosis & hypertension

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

Major findings: Of operations _____ 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 2

23. Signature C. Blinn Rector (M. D. or other) DD

Address 7204 Prospect Date signed 1-1-45

(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles M Durk

Licensed Embalmer No. 3774

P. O. Address K Q 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.