

V. S. No. 2  
100M-543  
Rev. 5-17-39  
I X36671

State File No. 12291  
1496  
Registrar's No. \_\_\_\_\_

FILED APR 23 1945  
Registration District No. 1002

Primary Registration District No. 1002

48  
3  
8

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

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: St Luke Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 weeks  
(Specify whether  
In this community 4 weeks  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Crawford  
(c) City or town Pittsburg, Kansas  
(If outside city or town limits, write "RURAL")  
(d) Street No. 602 W - 1st St  
(If rural, give location)  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sam J. Lee

MEDICAL CERTIFICATION

3. (b) If veteran, name war no -  
3. (c) Social Security No. # unknown

20. DATE OF DEATH: Month April day 2 year 1945 hour 12 minute 12 P M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Rama Lee  
6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased July 22 1848  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 4 1945, to Apr 2 1945, that I last saw h alive on \_\_\_\_\_ 1945, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>8</u>	<u>10</u>	hr. min.

Immediate cause of death Edema of brain  
Due to Tumor of brain malignant  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) 546

10. Usual occupation Salesman

Major findings: ✓  
1. Of operations \_\_\_\_\_

11. Industry or business Cooper Supply Co

12. Name Lee

13. Birthplace unknown  
(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 Briener Funeral Home

(b) Address Pittsburg Kan

17. (a) Removal Removal (b) Date thereof April 2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg Kansas

18. (a) Signature of funeral director Wm C L Goriot  
(b) Address 918 Brooklyn

19. (a) 4-3-45 (b) G. Holmes (V31)  
(Date received local registrar) (Registrar's signature)

Of autopsy as above

(Licensed Embalmer's Statement on Reverse Side)

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 Maurice A. Jones (M. D. examiner)  
Address St Luke's Hosp Date signed 4-2-45

Duration  
Physician  
Underline the cause to which death should be charged statistically.

4 to 5-0 reburied  
No 4850  
Angeles Building

**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.....

*Joe E. Hurstain*

Licensed Embalmer No. *1621*

P. O. Address: *Ransom 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.**

Reburied & re-embalmed