. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26492

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3363

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:
General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-23-45 - 8-5-45 (Specify whether
In this community About 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2402 Tracy 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eliza Simms Lee

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 4

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased September - 8- 1854
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	10	27	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Della Robinson
(b) Address 1126 E. 19th. St., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St., K.C., Mo.

19. (a) 8-10-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 5 year 1945 hour 6 minute 20 - A.M.

21. I hereby certify that I attended the deceased from Deputy Coroner to , 19 ; that I last saw alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Neck of Femur (Left Hip)

Due to

Due to Fall from Chair

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186a-5 18

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) Accident

(b) Date of occurrence 3/23/45

(c) Where did injury occur? Kansas City - Mo 23
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
(Specify type of place)

While at work? no (e) Means of injury Fall Deputy Coroner

23. Signature J. Williams (M.D. or other)

Address 2636 - Brooklyn 3 Date signed 8/9/45

(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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Me St. N.W.

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.