

Registration District No. **SEP 10 1945**

Primary Registration District No. **1002**

Registrar's No. **3628**

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:
1616 Michigan /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 years** (Specify whether years, months or days)
 In this community **6 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. **1616 Michigan**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Lillian Viola Lee**
 (b) If veteran, name war **None**
 (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **26th**
 year **1945** hour **7:30** minute **P.** M.

4. Sex **Fe 3** 5. Color or race **Eol** 6. (a) Single, widowed, married, divorced **Divorced**
 (b) Name of husband or wife **Tom Lee** 6. (c) Age of husband or wife if alive **57** years
 7. Birth date of deceased **July 12, 1895**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **8-21-45** **to** **8-26-45**
 that I last saw **her** alive on **8-20-45**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	50	1	14	hr. min.

Immediate cause of death **Carcinoma of Cervix**
 Due to **unknown**
 Due to **gr.**

9. Birthplace **Ashdown Arkansas**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**

Other conditions **none**
(Include pregnancy within 3 months of death)
 Major findings: **480**
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name **Hull M^o Gulla**
 13. Birthplace **unk Ark**
(City, town, or county) (State or foreign country)
 14. Maiden name **Hettie Yorkough**
 15. Birthplace **Ashdown Ark**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Leona Miller**
 (b) Address **1616 Michigan**
 17. (a) **burial** (b) Date thereof **8/26/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lincoln Cemetery**

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? _____
(Specify type of place)
 While at work? _____ (2) Means of injury _____

18. (a) Signature of funeral director **Hutkins Bros**
 (b) Address **1729 Lydia**
 19. (a) **8-31-45** (b) **W. Gerald Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **W. Gerald Holmes** (M. D. or other) _____
 Address **2720 E 180** Date signed **8/28/45**

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

H. J. Haugh

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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.....

Clifford L. Woods

Licensed Embalmer No. *3106*

P. O. Address.....

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.