. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26886

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 874

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yr 7 m 3 d (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4409 apt 5 67 E 5th St
(If rural, give location)
(e) Citizen of ~~foreign country~~? (Yes or No)
If yes, name country

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

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M s 5. Color or race Wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary E. Lee 6. (c) Age of husband or wife if alive not recorded years

7. Birth date of deceased Jan (Month) 27 (Day) 1897 (Year)

8. AGE: Years 48 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Steam Presser

11. Industry or business Garment factory

FATHER
12. Name John Lee
13. Birthplace Penn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Tolis
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Lee
(b) Address Kansas City Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn K.C. Mo

19. (a) 8-12-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 12 1945 year hour 12 23 minute P M.

21. I hereby certify that I attended the deceased from June 1, 1945, to Aug 11, 1945 that I last saw him alive on Aug 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 5 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 13 P
Of autopsy

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

23. Signature E F Hydon (M. D. ~~or other~~)
Address State Hosp #2 Date signed 8-12-45

1377 (Licensed Embalmer's Statement on Reverse Side)

FEB 6 1948

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 B. Yoder

Licensed Embalmer No. 4173

P. O. Address: 918 Brooklyn

KC. 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.