S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1946

State File No. 23906

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 243

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 223 South River
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 223 South River 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME KATHARINE BELL MC LEES

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

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

6. (b) Name of husband or wife William Frederick McLees 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May (Month) 9, (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	1	22	hr. min.

9. Birthplace Covert, Van Buren Cty, Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Arthur J. Judson
13. Birthplace England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lellia May Allen
15. Birthplace Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William F. Mc Lees
(b) Address Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Roland K. Speaks
(b) Address Independence, Missouri.

19. (a) 7-3-1946 (Date received local registrar) (b) James A. Craig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1, year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1946 to July 2, 1946 that I last saw her alive on July 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage with Shock hardness

Due to arterial hypertension

Due to

Other conditions Chest, Myocardial insufficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 830

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) no
(b) Date of occurrence
(c) Where did injury occur? none
(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 John P. Green (M. D. or other)
Address Independence Date signed 7/2/46

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(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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.