. S. No. 2
M—8-43
v. 5-17-39
X37823

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

37564

State File No.

FILED DEC 16 1946

Registration District No. 172

Primary Registration District No. 5641

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Dover rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 Mi E. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (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. 619 W 13th St
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME James S Lee

3. (b) If veteran, name war W. War II

3. (c) Social Security No. ____

4. Sex Mad

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mayme Dorothy Lee

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased June (Month) 8 (Day) 1923 (Year)

8. AGE: Years 23 Months 5 Days 8 If less than one day ____ hr. ____ min.

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

10. Usual occupation Tank Car Repairman

11. Industry or business K.C. Tank Car Shop

FATHER
12. Name James V. Lee
13. Birthplace Rosedale (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Ethel Sloan
15. Birthplace Meda (City, town, or county) Mo (State or foreign country)

16. (a) Informant James V. Lee

(b) Address 4507 Independence Ave. K.C.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Forrest F. Thurpe

(b) Address Lexington Mo

19. (a) Nov 17-46 (Date received local registrar) (b) Clayton W. Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16 year 1946 hour 5 minute 19 P. M.

21. I hereby certify that I attended the deceased from called as acting coroner, 19__;
that I last saw h__ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple injuries suffered in motor car collision

Due to (1) Broken neck
(2) Punctured lung

Due to (3) Brain injury
(4) Shock

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

Major findings:
Of operations ____

Of autopsy No 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 54

(b) Date of occurrence 11-16-46

(c) Where did injury occur? Dover Lafayette Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? National Highway No 24 - 2 mile east Dover Mo (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature W E Martin Md (M. D. or other) O

Address Odessa Mo Date signed 11-16-46

154

(Licensed Embalmer's Statement on Reverse Side) Collision with other m

RECEIVED
District Health Officer No. 8

District File Number
Date Filed 12-14-46

DEC 20 1946

DEC 18 1946

MAY 7 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 Geo. E. McKeen

Licensed Embalmer No. 2983

P. O. Address Lewiston Me

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.