

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 11

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 Nora Rae Restorium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 year
(Specify whether in this community _____ years, months or days)
55 years

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. 309 Garfield
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George William Lee
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month January day 1 year 1947 hour 12 minute 15 A.M.
 21. I hereby certify that I attended the deceased from Oct 15 1945 to Jan 1 1947
 that I last saw him alive on Dec 29 1946 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced, wid. wid.
 6. (b) Name of husband or wife Ruth Lee
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 9 1875
(Month) (Day) (Year)

Immediate cause of death Acute myocardial infarction
 Due to Chronic myocardial infarction
 Due to _____
 Other conditions Chronic Cholecystitis (no stones)
 Major findings of operations _____
 Of autopsy 1270

8. AGE: Years 71 Months 8 Days 22
 If less than one day _____ hr. _____ min.

Duration one week
 Physician _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Mill Worker

MOTHER FATHER
 11. Industry or business _____
 12. Name Frank Lee OWEN
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Emma Jackson
 15. Birthplace Mt Vernon Ohio
(City, town, or county) (State or foreign country)
 16. (a) Informant Harry J. Mahaney
 (b) Address 2306 Jackson
 17. (a) Burial (b) Date thereof 1-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington
 18. (a) Signature of funeral director C.H. Blackman & Son, Inc
 (b) Address 2825 Independence Blvd.
 19. (a) 1-3-47 (b) Eveline Holmes
(Date received local Registrar) (Registrar's signature)

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 Walter M. Blener (M. D. or other) MD
 Address 205 Garfield Date signed 1-2-47

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

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 OK. McFarland
Licensed Embalmer No. 4397
P. O. Address Kansas City 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.