

FILED JUL 14 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21041

Registrar's No. 2778

Registration District No. 19

Primary Registration District No. 1002

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:
Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 1/2 days
In this community life
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. 2131 Summit
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

John E. Lee

(b) If veteran, name war No

(c) Social Security No. No

4. Sex Male 5. Color or race white
6. (a) Single (widowed, married, divorced, child)
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased June 23 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 26 hr. min.

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

10. Usual occupation child

11. Industry or business child

12. Name Charles Lee

13. Birthplace Albany Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Ogilve

15. Birthplace Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Lee

(b) Address 2131 Summit

17. (a) burial (b) Date thereof 6-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem. Kansas City Kans

18. (a) Signature of funeral director Ed. G. Jones

(b) Address 1116 Minnesota St. Kansas City

19. (a) 6-30-47 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1947 hour 11 minute 47 M.

21. I hereby certify that I attended the deceased from June 23 1947 to June 29 1947
that I last saw him alive on June 29 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Robert Pneumonia Duration

Due to Atelectasis

Due to Premature Birth

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159

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?

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

23. Signature J. P. ... (M. D. or other)

Address 307 E. ... Date signed June 30 1947

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

MOTHER FATHER

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.....

Q H Beckwith

Licensed Embalmer No.....

3937

P. O. Address.....

Kans City Kan

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.