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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1948

Registration District No. 72

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4309

Primary Registration District No. 5289

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
Home, RR#5 North Kansas City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town RR#5 North Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. RR#5 North Kansas City
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME DOROTHY ELIZABETH MC BEE

3. (b) If veteran, name war X

3. (c) Social Security No. 497-28-4963

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clerance Eppie McBee

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Feb. (Month) 27 (Day) 1921 (Year)

8. AGE: Years 26 | Months 10 | Days 20 | If less than one day X hr. X min.

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

10. Usual occupation Booker

11. Industry or business Fall Springs

FATHER
12. Name Lawrey W. Lee
13. Birthplace Denver (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary C. Durinl
15. Birthplace Elsworth County (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mrs. Mary C. Lee

(b) Address RR#5, North K.C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/18/48 (Month) (Day) (Year)

(c) Place: burial or cremation Bethleham Cemetery

18. (a) Signature of funeral director Morton-Smith's F.H.

(b) Address 832 Armour Rd. N.K.C., Mo.

19. (a) Jan 18-1948 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1948 hour 2:35 minute a. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) Coronary Occlusion

(b) Date of occurrence Jan. 17 - 1948

(c) Where did injury occur? North K.C. Mo. R.F.D. No. 5 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home on farm (Specify type of place)

While at work? (e) Means of injury

23. Signature P.W. Prather Coroner (M. D. or other)

Address Excelsior Springs, Mo. Date signed 1-17-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-17-48

MAR 1 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 Leslie D. Fleming, Registered Apprentice No. 447, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address N.K.C. 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.