

FILED APR 1 1948
Registration District No.

Primary Registration District No. 4339

Registrar's No. 576

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lee's Summit
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
401 So Market St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
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. 4408 Wornell
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lee Brizendine

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 3 - 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 3 If less than one day _____ hr _____ min.

9. Birthplace Jackson County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name William O. Brizendine

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

14. Maiden name Mary Jane Alley

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

16. (a) Informant Noah Moore

(b) Address Lee's Summit Mo

17. (a) Burial, cremation, or removal Burial (b) Date thereof 3-10-48
(Month) (Day) (Year)

(c) Place: burial or cremation Adams Cem

18. (a) Signature of funeral director N.B. Langford

(b) Address Lee's Summit Mo

19. (a) 3/11/48 (b) Donald C. Genshaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1948 hour _____ minute 15 P.M.

21. I hereby certify that I attended the deceased from _____
19 _____, 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 Sclerosis

Due to _____

Due to _____

Other conditions (include changes within 4 months of death) _____

Major findings: Deputy Coroner
Of operations _____

Of autopsy History & Inspection

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? _____

23. Signature A E Ueber
Address 2800 Main St

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

N. B. Langford

Licensed Embalmer No.

3833

P. O. Address

Geis Summit

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.