

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16418
Registrar's No. 2012

Registration District No. 149

Primary Registration District No. 1002

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

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:
GENERAL HOSPITAL #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 DAYS
(Specify whether weeks, months or days) 4 WEEKS

In this community 4 WEEKS

3. (a) PRINT FULL NAME JOYCE MARIE LEE

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FEMALE 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

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

7. Birth date of deceased: MARCH 23 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1 17 hr. min.

9. Birthplace: KANSAS CITY KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

MOTHER FATHER

12. Name WILLIE D. LEE /

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

14. Maiden name JOHNNIE LEWIS STANLEY

15. Birthplace KANSAS CITY, MISSOURI 0
(City, town, or county) (State or foreign country)

16. (a) Informant JOHNNIE LEWIS LEE

(b) Address 5613 E. 33d STREET

17. (a) Burial (b) Date thereof May 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery # 14

18. (a) Signature of funeral director Harriet Meek

(b) Address 1708 E. 13th St.

19. (a) 5-11-48 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5613 E. 33d STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 10th
year 1948 hour 1:00 minute _____ P.A.M.

21. I hereby certify that I attended the deceased from APRIL 29 1948 to MAY 10 1948;
that I last saw her alive on MAY 10 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
COASPHYXIATION COLON

Due to ABDOMINAL DISTENTION

Due to CONGENITAL MEGACOLON

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

Major findings: 1518

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) _____

(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 _____ (Means of injury) _____

23. Signature [Signature] (M. D. or other) _____
Address Gen. Hosp. #2 Date signed _____

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 _____

Maynard C Williams, Registered Apprentice No. 15
working under my personal supervision.

Signed Fannie D. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City 8, 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.