

FILED JAN 8 1949
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:
1609 Euclid
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 35 Years
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. 1609 Euclid
(If rural, give location)

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

3. (a) PRINT FULL NAME Monroe Lee

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Helen V. Lee

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

7. Birth date of deceased November 3, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>1</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Retired R. R. Road

12. Name Charles Lee

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

14. Maiden name Sylvia Beasley

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

16. (a) Informant Lula F. Miller

(b) Address 2531 Woodland

17. (a) Burial (b) Date thereof 12/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address 1729 ...

19. (a) 12-20-48 (b) Gerardine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 16
year 1948 hour 11:30 minute am

21. I hereby certify that I attended the deceased from 9-3-48 to 12-12-48
that I last saw him alive on 12-16-48 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Conditions

Due to Age

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

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) no

(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 F. J. Haugh, Sr.
(M. D. or D. O. B.)

Address 2530 ... Date signed 12/18/48

Dr. Houghton

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 *D.J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.