S. No. 300
v. 10.48

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16264

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 81

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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 (If outside corporate limits, write RURAL and give township) Rural, Prairie 5
c. LENGTH OF STAY (in this place) 16 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jackson County Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson 48
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) R. R. #4 Independence
d. STREET ADDRESS (If rural, give location) Lees Summit Rd.

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) DEE

4. DATE OF DEATH (Month) (Day) (Year) 4-26-49

5. SEX MALE 2
6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Dont Know
8. DATE OF BIRTH ✓
9. AGE (In years last birthday) 95 — IF UNDER 1 YEAR Months ✓ Days ✓ — IF UNDER 24 HRS. Hours ✓ Min. ✓

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S. America

13a. FATHER'S NAME Dont Know
13b. MOTHER'S MAIDEN NAME — —
14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Jackson County Home Records. **ADDRESS**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis (Chronic) — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ✓
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓ — 592X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1948 *to* Apr 26, 1949, *that I last saw the deceased alive on* April 1949, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE S. H. Griffin (Degree or title) M.D.
23b. ADDRESS R. R. #4 Independence
23c. DATE SIGNED 4/29/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical
24b. DATE 4-29-1949
24c. NAME OF CEMETERY OR CREMATORY Kansas City Dental College
24d. LOCATION (City, town, or county) Kansas City (State) MO.

DATE REC'D BY LOCAL REG. 4-29-49
REGISTRAR'S SIGNATURE Donald C. Earnshaw 378
25. FUNERAL DIRECTOR'S SIGNATURE Brady-Brown **ADDRESS** 1708 Tracy Ave

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed LAWRENCE A Jones

Licensed Embalmer No. 4429

P. O. Address Kansas City 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.