

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30680

State File No. 4417

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (in this place) Life

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital

STREET ADDRESS (If rural, give location) 73 3738 Twin Oaks Apts. 5000 Oak Street

3. NAME OF DECEASED (Type or Print)  
a. (First) BLANCHE b. (Middle) R. c. (Last) LEE

4. DATE OF DEATH (Month) (Day) (Year)  
Sept. 16, 1954

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH 7-15-1887

9. AGE (In years last birthday) 67  
IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri

12. CITIZENSHIP OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Rosencrans

13b. MOTHER'S MAIDEN NAME Hanna Louise Warner

14. NAME OF HUSBAND OR WIFE Jay M. Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mr. Jerry T. Duggan, 16 E. 67th St., KC Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Massive gi. hemorrhage  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Ulceration of Esophagus  
DUE TO (c) Carcinoma of Breast  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Bladder (operated)

INTERVAL BETWEEN ONSET AND DEATH  
Days  
Days  
Months  
Yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
1914

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) (Minute)

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 9-15, 1954, to 9-16, 1954, that I last saw the deceased alive on 9-16, 1954, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE V. B. Ballard (Degree or title) K. B. Ballard M.D.

23b. ADDRESS 411 Nichols Rd

23c. DATE SIGNED 9-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 9/18/54

24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 9-17-54 Registrar's SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.

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

