

FILED DEC 4 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4646

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether
In this community unk
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. 802 E. 12 St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lee Neer

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased April 2 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation Brewery truck helper

11. Industry or business

MOTHER FATHER
12. Name O. Neer
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name W. Gilmore
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K. C. General Hospital #1

17. (a) Burial (b) Date thereof 11-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Wm A. Johnson

(b) Address City Mortician

19. (a) 11-18-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1944 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 10 1944 to Oct. 26 1944
that I last saw him alive on Oct. 26 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral accident Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a!

Major findings: Of operations See above Of autopsy See above PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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?

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature A. E. Upsher (M. D. or other) MR
Address Med. Dir. 23 McCoy Date signed 10-28-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.