

# Randolph County

## Lee, George

(4 Aug 1847 Howard Co MO- 10 May 1942  
Kansas City, MO)

Lived

Higbee, Randolph Co Mo. No Unit Information.

George was the son of Samuel and Mary  
(Clasby) Lee. He was married to Minnie. Buried  
Highland Cemetery , Kansas City, MO

U.S. No. 2  
M-9-4-41  
R. 5-17-39  
K29484

DEPARTMENT OF COMMERCE  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13412  
State File No. 1882

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1882

1. PLACE OF DEATH:  
(a) County: Jackson  
(b) City or town: Kansas City  
(c) Name of hospital or institution: 2436 Forest  
(d) Length of stay: In hospital or institution: 6 weeks

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Randolph  
(c) City or town: Higbee City  
(d) Street No.:  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: George Lee  
(b) If veteran, name war: Civil War (c) Social Security No.: None  
(d) Sex: Male (e) Color or race: Col (f) Single, widowed, married, divorced, widowed  
(g) Name of husband or wife: Minnie Lee (h) Age of husband or wife if alive: 4 years  
(i) Birth date of deceased: August 4 1847 (Month) (Day) (Year)

4. AGE: Years 94 Months 9 Days 6 If less than one day

5. Birthplace: Howard County Missouri (City, town, or county) (State or foreign country)

6. Usual occupation: At Home

7. Industry or business:

8. Name: Samuel Lee  
9. Birthplace: Missouri  
10. Maiden name: Mary Clasby  
11. Birthplace: Missouri

12. (a) Informant: George Lee, Jr.  
(b) Address: 2436 Forest  
(c) Date thereof: 5/13/42  
(d) Place of burial or cremation: Highland Cemetery

13. (a) Signature of funeral director: Lydia  
(b) Address: 1729 Lydia  
(c) Date received local registrar: 5-13-42 (d) M. M. Crown (Registrar's signature)

14. (a) Signature: (b) Address: 1705 E 12th St Date signed: May 13 1942

15. DATE OF DEATH: Month May day 10 year 1942 hour 2 minute 20 M.  
21. I hereby certify that I attended the deceased from May 8 1942 that I last saw him alive on May 10 1942 and that death occurred on the day and he stated above.  
Medical Requisition  
Duration  
Due to: 92 B  
Due to:  
Other conditions (Include prepassage within 3 months of death)  
Major findings: Of operations. Of autopsy.  
PHYSICIAN Underline the cause to which death should be charged etiologically.

16. 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?  
(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.

17. Signature: (M. D. or other) Date signed: May 13 1942

341 (Licensed Embalmer's Statement on Reverse Side)

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