REC'D NOV 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34759
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
(d) Street No. 3516 Summit St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 399
Primary Registration District No. 1002
Registered No. 4095

2. PRINT FULL NAME John E. Lewis
(a) Residence, No. 515 W. Maple St. Independence, MO
(Usual place of abode, if no street address, write county or city) (If no resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna S. Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-18, 1860

7. AGE: YEARS 78 | MONTHS 1 | DAYS 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Contractor
9. Industry or business in which work was done, as saw mill, bank, etc. Retired 20 years
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario Canada

FATHER
13. NAME No record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record No record

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record No record

17. INFORMANT (ADDRESS) William S. Lewis 515 W. Maple Indep. Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Kansas City, MO
PLACE Mt. Moriah DATE 10/20/38

19. FUNERAL DIRECTOR (ADDRESS) George C. Carson Independence, Mo

20. FILED Oct 20 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1938, to Oct 20, 1938
I last saw him alive on Oct 19, 19.... Death is said to have occurred on the date stated above, at 10:15 A.M.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
terminal
10 D

Date of onset

Other contributory causes of importance:
hemiplegia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Herbert L. Wright, M. D.
(Address) 818 Medical Arts

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

Dr. Mantz
814 Medical Arts Bldg.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)