

LAB FEB 20 1939

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

1199
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 2002
 (b) Township Kaw Primary Registration District No. _____ Registered No. 212
 (c) City Kansas City, Mo. (d) Street No. 121 Norton 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.

2. PRINT FULL NAME John Lewis

(a) Residence, No. 121 Norton St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF April 19, 1886

22. I HEREBY CERTIFY, That I attended deceased from Kanover 15, 1939, to January 17, 1939.
 I last saw him alive on Jan 17 - 19 AM, 1939 Death is said to have occurred on the date stated above, at 11:20 m. AM
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS 52 MONTHS 52 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

Intracranial apoplexy
J.L.W.
 Date of onset _____
 Other contributory causes of importance: _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Missouri

FATHER 13. NAME William J. Lewis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

MOTHER 15. MAIDEN NAME Elizabeth Howell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

17. INFORMANT (ADDRESS) Arline Layton, 121 Norton, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plymouth, Mo. DATE Jan 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. H. Blackman & Son, Inc. 2825 Indep. Blvd. K.C. Mo.

20. FILED Jan. 17, 1939 M. M. Crowe, Jr. Local Registrar.

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? Yes
 If so, specify Dr. B. O. Bourne, D.C. (Address) 3939 West Kansas City Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. B. O. Boring,
3939 Troost. K.C. Mo.

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 conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.