

RECD MAR 9 1939

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

5293
Do not use this space.

1. PLACE OF DEATH

(a) County Lachar Registration District No. 399
(b) Township Kear Primary Registration District No. 1002 Registered No. 192
(c) City Kansas City (d) Street No. Memorial Hospital 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 Rachelle Lewis

(a) Residence, No. 229 Ward Parkway 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

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Commerce
(STATE OR COUNTRY) France

FATHER 13. NAME Camille Block

14. BIRTHPLACE (CITY OR TOWN) France
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Caroline Levy

16. BIRTHPLACE (CITY OR TOWN) France
(STATE OR COUNTRY)

17. INFORMANT George S. Lewis
(ADDRESS) 229 Ward Parkway

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Feb 6 1939

19. FUNERAL DIRECTOR (NAME) Carroll Davidson
(ADDRESS) 8024 Troost

20. FILED 76 19 39 M.M. Groom
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Feb 5, 1939.
I last saw h. a alive on Feb 5, 1939. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Cancer of left breast about 1 yr
50

Other contributory causes of importance:
General metastasis to liver & lung

Name of operation none Date of _____
What test confirmed diagnosis phys exam Was there an autopsy? No

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 Amateur Sculptor
(Signed) _____ M. D.
(Address) 420 Park Blvd

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.

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, above space should be left blank.