

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

25800
Do not use this space.

1939 AUG 22 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township _____ Primary Registration District No. 3019
 (c) City Independence (d) Street No. 1406 S. Main 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 Marian Lewis

(a) Residence, No. 1406 S. Main 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. F. J. Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 8 26

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

12. BIRTHPLACE (CITY OR TOWN) Stockport 4
 (STATE OR COUNTRY) England

FATHER 13. NAME Francis Nodin 4

14. BIRTHPLACE (CITY OR TOWN) Unknown 4
 (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) England

17. INFORMANT Dr. F. J. Lewis
 (ADDRESS) 1406 S. Main

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Floral Hills DATE July 16, 1939

19. FUNERAL DIRECTOR (NAME) Cato & Speaks Funera
 (ADDRESS) Independence Missouri

20. FILED July 16, 1939 F. L. Cook
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14th, 1939

22. I HEREBY CERTIFY That I attended deceased from April 30th, 1939 to July 14th, 1939

I last saw her alive on July 14th, 1939 Death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Peritoneum with Metastasis
 Date of onset 49

Other contributory causes of importance:
Carcinoma of the Ovaries Primary

Name of operation Ovariotomy Date of Sept 1938

What test confirmed diagnosis? Pathology 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? None
 If so, specify _____

(Signed) D. Ruth Anderson

(Address) Independence, Mo.

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.

NOV 1 1943

JAN 3 1943

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.