DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21235

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 639

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph, 2 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hobley Convalescent Home, 1823 N. 2nd (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 21 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Saint Joseph, (If outside city or town limits write "RURAL")

(d) Street No. Milner Hotel, 301 So. 5th. Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Lloyd L. Lewis, 200

3. (b) If veteran, name war None,

3. (c) Social Security No. 491-10-3262

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Margaret Abro

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased December 12, 1889 (Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Unknown, (City, town, or county) Kansas, (State or foreign country)

10. Usual occupation Cook,

11. Industry or business Restaurant, 9

FATHER
12. Name Oberdira Lewis, 9
13. Birthplace Unknown, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Presette

(b) Address 2314 Bales, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Auburn Cemetery

18. (a) Signature of funeral director Hedon Bellsale Bowman Funeral

(b) Address 319 South 10th Str. Home

19. (a) 6/12/40 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th. year 1940 hour 5:00 minute a. M.

21. I hereby certify that I attended the deceased from June 7, 1940 to June 7, 1940 that I last saw him alive on June 7, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	unknown
Chr. Myocarditis	"
Due to Tertiary Syphilis	"
Due to	
Other conditions (Include pregnancy within 3 months of death) 34	

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. 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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85 (Specify type of place)

While at work? (e) Means of injury

23. Signature Maxwell Day (M. D. ~~or other~~)

Address 218 N 7th St Joseph Date signed 1

(Licensed Embalmer's Statement on Reverse Side)

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 June 8, ... Registered Apprentice No. ..... working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 3007

P.O. Address 319 South St Joseph

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.