

FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24128**
Registrar's No. **2738**

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson,**
(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Broadway & Valentine, 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **no.** (Specify whether
In this community **32 years,** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **MARY JANE LEWIS 207**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single.**

6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **November 29, 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 37 hr. min.

9. Birthplace **Missouri,** (City, town, or county) (State or foreign country)

10. Usual occupation **K. C. Life Agent,**

11. Industry or business **X**

MOTHER FATHER { 12: Name **Addison C. Lewis,**

13: Birthplace **Missouri,** (City, town, or county) (State or foreign country)

14: Maiden name **Mary Frances Maupin,** (City, town, or county) (State or foreign country)

15: Birthplace **Missouri,** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Martin L. Bartling,**
(b) Address **Sedalia, Mo.**

17. (a) **Removal,** (b) Date thereof **7-10-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Marshall, Mo.**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **July 8, 1940** (b) **m. m. brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Jackson,**
(c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3675 Summit St.,**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **no.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **6** 40
year _____ hour _____ minute **2:45 P.**

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I am a duly licensed physician, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Subdural, intracranial cerebral hemorrhage

Due to **Fracture of the skull**

Due to **Street car Traumatism**

Other conditions (Include pregnancy within 3 months of death) **209 mm**

Major findings: Of operations **21**

Of autopsy **21**

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) **Accident**

(b) Date of occurrence **7-6-40**

(c) Where did injury occur? **K.C. Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
Means of injury _____

23. Signature **M. M. Brown** (M. D. or other) **5**
Address **K.C. Mo** Date signed _____

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

J. B. Waters

Licensed Embalmer No.

3992

P. O. Address

K C Mo

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.

Automobile not
involved in this
accident. Deceased was
pedestrian.