

Registration District No. 400

Primary Registration District No. 55538

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural - Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days) 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Residence
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1940 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from April 14 1939, to Sept. 10 1940
that I last saw him alive on Sept. 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 1 day
Arterio Sclerosis 2 years
Arteriosclerosis 5 years

Other conditions (Include pregnancy within 3 months of death) 92W

Major findings: Of operations _____

Of autopsy _____

Duration

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? 932
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Clint L. Miller (M. D. or other) 9/11/40
Address Lees Summit Mo. Date signed 9/11/40

8. (a) PRENT FULL NAME Hugh Markus Lewis

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Sirena Lewis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept - 10 - 1940
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Lepton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer 9

11. Industry or business Farming 9

12. Name Hus Lewis 1

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

14. Maiden name Mary Ashcraft

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

16. (a) Informant Hus Lewis

(b) Address Lees Summit Mo

17. (a) Rural (b) Date thereof 9-13-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woods Chapel Cem

18. (a) Signature of general director Hilda Tammal Name

(b) Address Lees Summit Mo

19. (a) 9-12-40 (b) Lana Lewis
(Date received local registrar) (Registrar's signature)

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

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 P. C. Fields

Licensed Embalmer No. 2957

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.