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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34606

FILED NOV 12 1940

Registration District No. 899

Primary Registration District No. 1002

Registrar's No. 4122

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: 2015 Olive 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
0
(d) Street No. 2015 Olive
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Annie Lewis
~~Annie Lewis~~
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Fe
5. Color or race Col.
6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife William S. Lewis
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June (Month) 17 (Day) 1877 (Year)

8. AGE: Years 63 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Howard Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife 0
11. Industry or business 0

FATHER
12. Name Riley Adams
13. Birthplace Howard Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Martha Woods
15. Birthplace Howard Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant William S. Lewis
(b) Address 2015 Olive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Glasgow, Mo.
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th, K. C. Mo.
19. (a) 10-28-40 (Date received local registrar) (b) M. M. Grome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1940 hour 2 10 minute A M.
21. I hereby certify that I attended the deceased from 1-30, 1939, to 10-26, 1940.
that I last saw her alive on 10-26, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive type of Heart disease.
Due to Arteriosclerosis.
Due to 95 B
Other conditions
(Include pregnancy within 3 months of death)
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?
(Specify type of place)
While at work? (e) Means of injury 1
23. Signature J. O. Henley M. D. (M. D. or other)
Address 1605 E. 18th St. Date signed 10-27-40

(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.....

....., 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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.