

Registration District No. 399 Primary Registration District No. 1002

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:  
General Hospital #2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4-26-41-5-14-41  
(Specify whether  
 In this community 41 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")  
 (d) Street No. 2404 Highland Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14  
 year 41 hour 3 minute 55 A.M.  
 21. I hereby certify that I attended the deceased from  
4-26- 1941 to 5-14- 1941  
 that I last saw him alive on 5-14- 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Korsakoff's Psychosis

Duration

Due to Osteomata of Skull (X-Ray)

Due to Inanition

Other conditions  
(include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged stati-  
 stically.

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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)  
 Address Edwin Hospital Date signed 5-17-41

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

3. (a) PRINT FULL NAME Arthur Lewis

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased 9 30 1881  
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 14  
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name George Lewis

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

14. Maiden name Mattie Garrett

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) burial (b) Date thereof 5/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Highland Cemetery

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1729 Lydia

19. (a) May 17 1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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**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. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St*

**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, fact should be so stated above.**