No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24056

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2595

48
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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:
K.C. General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 541 Brooklyn ave.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WALTER LEWIS

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Frances Hogue Lewis

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

7. Birth date of deceased Sept (Month) 7th (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	10	0	..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Richard W. Lewis
13. Birthplace Washington Co. (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Mary Williams
15. Birthplace Iowa City. (City, town, or county) Iowa (State or foreign country) 1

16. (a) Informant Mr. Richard W. Lewis
(b) Address 541 Brooklyn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn, Independence, Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn, K. C. Mo.

19. (a) 7-10-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 7-7-41
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..., to 11 05 P. 19...;
that I last saw ..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Subdural cerebral hemorrhage
Due to Laceration of the brain
Due to Fracture of the skull
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1952
Of autopsy yes

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) Do not know 123
(b) Date of occurrence Do not know
(c) Where did injury occur? Do not know (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Do not know (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) 3
Address K. C. Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1949

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 Dwight C. Browning

Licensed Embalmer No. 2224

P. O. Address T. 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, fact should be so stated above.