S. No. 2
I—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942 85
Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 41429
Registrar's No. 1209

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. H. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Mos. - 6 ds. (Specify whether years, months or days)
In this community: No information 4 mo. 6 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay 11
(c) City or town: North Kansas City 1
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural 7
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Albert Lewis
3. (b) If veteran, name war: —
3. (c) Social Security No.: none
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: X
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: ? (Month) ? (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
M. 80	?	?	hr. min.

9. Birthplace: No information 9 (City, town, or county) (State or foreign country)
10. Usual occupation: Common laborer
11. Industry or business:
FATHER 12. Name: No inf. 9
FATHER 13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: mation
MOTHER 15. Birthplace: 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Clay Co. Court
(b) Address:
17. (a) State Hospt. #2 (Burial, cremation, or removal) (b) Date thereof: 12/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation: State Hospt #2
18. (a) Signature of funeral director: Clyde Mordaunt
(b) Address: 5825 King Hollow
19. (a) 12-23-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 18 year: 1941 hour: 3:10 minute: A.M.
21. I hereby certify that I attended the deceased from Aug. 12, 1941, to Dec. 18, 1941 that I last saw him alive on Dec. 18, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	1 wk.
Arteriosclerosis with	
Due to: hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ✓ 107
Of autopsy: ✓

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) 0
While at work? (e) Means of injury:
23. Signature: T. T. O'Dell (M. D. ~~or other~~)
Address: St. Joseph Date signed: 12/24/41

85 (Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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 Body not Embalmed

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.