

No. 2
-13-40
-17-39
X23159

FILED FEB 11 1942
Registration District No. 399

Primary Registration District No. 1002

State File No. _____

Registrar's No. 320

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 2929 Madison /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 23 years
(years, months or days)

3. (a) PRINT FULL NAME Alex W. Lewis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race Colored 6. (a) Single, widowed, married married

6. (b) Name of husband or wife Annie Lewis 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan. 10 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Texas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business _____

12. Name Henry Lewis

13. Birthplace Wentworth 9
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Lewis

15. Birthplace Wentworth 7
(City, town, or county) (State or foreign country)

16. (a) Mrs. Annie Lewis

(b) Address 1820 E-18th St

17. (a) Burial (b) Date thereof 1-24-42
(Burial, cremation, or removal) (City or town) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director G. B. Moore

(b) Address 1820 E-18th St

19. (a) 1-24-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2929 Madison
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 1-22-42 year _____ hour _____ minute _____

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on _____, 19____; and that he died on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Pneumonia

Other Previous pleurisy for carcinoma of the penis & metastatic to regional lymph nodes

Major findings: Lymph nodes

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? _____

While at work? _____ (Specify type of place) (Specify means of injury)

23. Signature M. M. Crowe (M.D. or other) _____

Address K.C. Mo Date signed _____

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

MOTHER FATHER

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 me

A. B. Moore, Registered Apprentice No. _____
working under my personal supervision.

Signed A. B. Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E. 18 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.