

FILED APR 15 1942

Registration District No. **85**

Primary Registration District No. **1001**

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:  
**5940 So. 3rd St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community **4 yrs.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** **011**  
(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5940 So. 3rd St.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME

**Lenora D. Lewis**

3. (b) If veteran, name war.....

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Frank Lewis**

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

7. Birth date of deceased **Sept. 23, 1863**

(Month) (Day) (Year)

8. AGE:

Years **88** Months **6** Days **4** If less than one day hr. min.

9. Birthplace **Sparta**

(City, town, or county)

**Missouri**

(State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Own home**

12. Name **Henry Beauchamp**

13. Birthplace **Unknown**

(City, town, or county)

**Unknown**

(State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**

(City, town, or county)

**Unknown**

(State or foreign country)

16. (a) Informant **Mrs. Grace Hendra**

(b) Address **5940 So. 3rd St.**

17. (a) **Removal**

(b) Date thereof **March 29, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hiaratha, Kansas**

18. (a) Signature of funeral director **Clark Mortuary**

(b) Address **5025 King Hill Ave.**

19. (a) **3/28/42**

(b) **H. J. Postlethwaite**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **27**  
year **1942** hour **8** minute **45** a. M.

21. I hereby certify that I attended the deceased from **Feb. 30** to **March 27, 1942**  
and that death occurred on the date and hour stated above.  
that I last saw **her** alive on **March 20, 1942**

Immediate cause of death  
**Chr. Valvular Heart Dis 10 yr**  
**Chr. Arteriosclerosis 10 yr**  
Due to **Chr. City arteriosclerosis 5 yr**

Other conditions (Include pregnancy within 3 months of death) **93d**

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?

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

23. Signature **D. P. Fineman** (M. D. or other) **3/28/42**  
Address **5007 1/2 King Hill** Date signed **3/28/42**

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 3/27/42

....., 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.**