

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10568**

Registration District No. **15** **1942**

Primary Registration District No. **5276**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural -- Birmingham
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near the river bank
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Rural - Birmingham
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BILLIE JOE LEWIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years
7. Birth date of deceased June 29, 1926
(Month) (Day) (Year)

8. AGE: Years 15 Months 8 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation student

11. Industry or business _____

MOTHER FATHER { 12. Name William F. Lewis
13. Birthplace Jackson County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cussie Mae Bramlett
15. Birthplace Fort Worth, Texas
(City, town, or county) (State or foreign country)

16. (a) Informant William F. Lewis

(b) Address Birmingham, Mo.

17. (a) Mt Hope Kansas (b) Date thereof Mar 10 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Kansas

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Mo.

19. (a) Mar 10 - 42 (b) Ruth H. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1942 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from CORONER to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound of head
shotgun
Due to accidental

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence March 7, 1942

(c) Where did injury occur? on farm
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on bank of river while hunting

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

23. Signature R.W. Givather Coroner (M. D. or other)
Address Explosion Springs Mo Date signed 3-7-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

24

1024

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-14-42

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.....

Harold L. Posson

Registered Apprentice No.....

working under my personal supervision.

Signed

Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North Kansas City, 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.