

S. No. 2
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P. 5-17-39
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10957

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 20 1948

Primary Registration District No. 3019

Registrar's No. 82

1. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **INDEPENDENCE CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **INDEPENDENCE SANITARIUM & HOSPITAL**
(If not in hospital or institution, write street number or location) **0**
(d) Length of stay: In hospital or institution **3 DAYS** (Specify whether years, months or days)
In this community **16 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 048**
(c) City or town **INDEPENDENCE** **4**
(If outside city or town limits, write "RURAL") **4**
(d) Street No. **201 S. WILLIS** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **0**

3. (a) PRINT **DANIEL LEWIS**
FULL NAME

3. (b) If veteran, name was **NO** 3. (c) Social Security No. **NO**

4. Sex **MALE 0** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **LOUISE HILLS LEWIS** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **11 19 1870**
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **6** If less than one day hr. min.

9. Birthplace **PLATTE COUNTY NEBRASKA**
(City, town, or county) (State or foreign country)

10. Usual occupation **OWNER**

11. Industry or business **LEWIS POTATO CHIP CO.**

12. Name **WILLIAM LEWIS**

13. Birthplace **GLENN NEATHS, WALES ENGLAND 4**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY JONES**

15. Birthplace **MERTHYR TYDVILL S. WALES ENGLAND 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Daniel Lewis**
(b) Address **201 S. WILLIS INDEP. MO.**

17. (a) **BURIAL** (b) Date thereof **3-28-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MOUND GROVES**

18. (a) Signature of funeral director **Henry W. Stahl**
(b) Address **815 W. MAPLE AVE.**

19. (a) **3-26-42** (b) **James W. Ross**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **25**
year **1942** hour **6** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Mar. 21, 1942**
to **Mar. 25, 1942**
that I last saw him alive on **Mar. 25, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Nephritis with Uremia Prostatic Hypertrophy
Due to **Prostatic Hypertrophy**
Due to **Prostatic Hypertrophy**

Duration

2 weeks?
Year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **137a**
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) (e) Means of injury **0**
23. Signature **Charles G. Gorman** (M. D. or other) **0**
Address **Independence Mo** Date signed **3/26/42**

(Licensed Embalmer's Statement on Reverse Side)

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

048
4
4

#F

APR 21 1942

APR 20 1942

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 *Henry W. Stahl*
Licensed Embalmer No. *3181*
P. O. Address *Independence*

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.