V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13421

FILED MAY 14 1942

Registration District No. 3 79

Primary Registration District No. 1002

Registrar's No. 1802

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:
General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-16-42-5-4-42 (Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3006 Jarboe 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MALINDA LEWIS

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Isaac Lewis

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March (Month) 12 (Day) 1887 (Year)

8. AGE: Years 55 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Warrensburg (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation None

11. Industry or business

FATHER
12. Name Henry C. Turner 1
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Phoebe
15. Birthplace (City, town, or county) Unknown (State or foreign country) 4

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/8/42 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia

19. (a) 5-7-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1942 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from April 16, 1942 to May 4, 1942
that I last saw her alive on May 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic arterio-sclerotic nephritis with uremia following post-operative

Due to Fibroid of Uterus

Due to 56 B

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Fibroid Uterus Non malignant 4/21/42

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?
(Specify type of place)

While at work? (e) Means of injury 8

23. Signature [signature] (M. D. or other)

Address Gen. Hosp. #2-600 E 22 Date signed 5-4-42

36

(Licensed Embalmer's Statement on Reverse Side)

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. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2573 Highland

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.