

FILED JUL 3 1942
Registration District No. 299

Primary Registration District No. 1002

State File No. _____
Registrar's No. 2389

1. PLACE OF DEATH: Jackson
(a) County
(b) City or town Kansas City
(c) Name of hospital or institution: 416 Bellefontaine - Seen as outpatient by physicians of K. Gen. Hospital
(d) Length of stay: In hospital or institution 25 yrs.
In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 416 Bellefontaine
(e) Citizen of foreign country? No
If yes, name country.

3. (a) PRINT FULL NAME JAMES PARSONS LEWIS
(b) If veteran, name war No
(c) Social Security No. none

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased: October 9th 1856

8. AGE: Years 85 Months 8 Days 2/10 hr. min.

9. Birthplace Wisconsin

10. Usual occupation Salesman retired

11. Industry or business Awning sales

MOTHER FATHER

12. Name Elisha E. Lewis
13. Birthplace Unknown
14. Maiden name Ellen Tuttle
15. Birthplace Wisconsin

16. (a) Informant Hattie Lewis
(b) Address 416 Bellefontaine

17. (a) Burial (b) Date thereof 6-22-1942
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son
(b) Address K. C. Gen. Hospital

19. (a) Date received local registrar 6/21/42 (b) Registrar's signature M. H. Brown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 19th year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-18-42 to 6-19-42 that I last saw him alive on 6-18-42 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia

Due to Senility and infirmities due to advanced age

Due to 107.1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy: None

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
23. Signature: Dudley R. Thon (M. D. or other)
Med. Dir. K.C. Gen. Hospital Date signed 6-22-42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

B. S. Blackman

Licensed Embalmer No. *2244*

P. O. Address.....

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.