. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23476

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3009

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 8-4-42-8-6-42 (Specify whether
In this community 60 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. 2015 Wabash 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BEN LEWIS

3. (b) If veteran, name war None

3. (c) Social Security No. 487-09-8553

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced 1 Married

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

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June (Month) 30, (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	1	6	hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Ben Lewis
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Laura Hayes
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation West Lawn Cemetery

18. (a) Signature of funeral director Watkins & Bros.
(b) Address 1729 Lydia

19. (a) 8-10-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1942 hour 5 minute 05 a. M.

21. I hereby certify that I attended the deceased from August 4, 1942, to August 6, 1942
that I last saw him alive on August 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure with right Auricullar Thrombosis

Due to 131 B

Due to

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

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

23. Signature [signature] (M. D. or other)
Address Gen. Hosp. #2-6008.22 Date signed 8-7-42

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(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 2503 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.