

FILED AUG 12 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2837

48  
893

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

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: **Central Hotel 12th./Central**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **14 Yrs.** (Specify whether years, months or days)

In this community **14 Yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**

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

(d) Street No. **Central Hotel 12th. central**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Marie Ellen Lewis**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **No.**

4. Sex **fe. /**

5. Color or race **Wh.**

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

6. (b) Name of husband or wife **Chester E. Lewis**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: **57** Years Months Days If less than one day  
hr. min.

9. Birthplace **Platte Co. Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

MOTHER FATHER {

12. Name **Wm. Corcoran**

13. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Langley**

15. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Chester E. Lewis**

(b) Address **Central Hotel**

17. (a) **Burial** (b) Date thereof **July 27-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood K.C.Mo.**

19. (a) **7-27-42** (b) **M. M. Crow**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24** year **1942** hour **9** minute **3** M.

21. I hereby certify that I attended the deceased from **July 18-1942** to **July 24-1942**  
that I last saw him alive on **July 24-1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Septic Route Genitocorticis Deficient teeth.**

Due to **Septic Route Genitocorticis Deficient teeth.**

Due to **Septic Route Genitocorticis Deficient teeth.**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: **None**

Of operations **None**

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**

(b) Date of occurrence **None**

(c) Where did injury occur? **None**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**

While at work **None** (Specify type of place)

(e) Means of injury **None**

23. Signature **Robert Paul** (M. D. or other)

Address **507 Waldwin** Date signed **7-28-42**

Wm. Paul McAlhara M.D.

**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.....

*Chas Wilks*

Licensed Embalmer No.....

*2644*

P. O. Address.....

*1800 Lincoln*

**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.**