

S. No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39828

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4589

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: St. Vincent's Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether)

In this community 15 mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City ⁸
(If outside city or town limits, write "RURAL")

(d) Street No. 515 Norton
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Marie Louise Lewis

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1942 hour minute M.

4. Sex Female 5. Color of race white

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

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

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 7 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 10, 19..... to Dec 7, 1942
that I last saw her alive on Dec 7, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

44	5	1	
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hr. min.

Immediate cause of death Eclampsia (Puerperal) ^{1 hr}

9. Birthplace Leavenworth Kansas
(City, town, or county) (State or foreign country)

Due to Uremia acuta ^{1 week}

Due to Nephritis Chronic ⁻

10. Usual occupation Housewife

Other conditions Pregnancy - 9 mo
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name No Record

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

14. Maiden name Etta Montreal

15. Birthplace no ⁹
(City, town, or county) (State or foreign country)

Major findings: Of operations 1480

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Herman Lewis

(b) Address 515 Norton

17. (a) Burial & Removal (b) Date thereof Dec 12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Vincent's Hospital

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?

18. (a) Signature of funeral director Wm C R Foster

(b) Address 911 Brooklyn

19. (a) 12-10-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(c) Means of injury

23. Signature R. A. Williams (M. D. or other) ^{MD}

Address 5700 St. John Ave Date signed 12-8-42

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

JAN 21 1943

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..... *James E. Hunter*.....
Licensed Embalmer No. *1621*.....
P. O. Address *K.C. Mo*.....

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.