S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1281

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:
Trinity Lutheran Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hr. (Specify whether
In this community 9 hr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town K-C. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1628 Summit 8
(If rural, give location)

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

3. (a) PRINT FULL NAME Infant Lewis

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White O

6. (a) Single, widowed, married, divorced infant O

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 15 (Day) 1943 (Year)

8. AGE: Years | Months | Days | If less than one day 9 hr. 8 min.

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

10. Usual occupation infant

11. Industry or business

FATHER
12. Name Daniel Lewis
13. Birthplace Kansas City (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Agnes C. Connor
15. Birthplace Sedalia (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Daniel Lewis
(b) Address 1628 Summit

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cemetery K.C. Kansas

18. (a) Signature of funeral director J. F. Powell Co.
(b) Address 3256 Broadway

19. (a) 3-15-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1943 hour 8 minute 43 A.M.

21. I hereby certify that I attended the deceased from March 14, 1943 to March 15, 1943
that I last saw him alive on March 15, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Inspiration Pneumonia	5 hrs
Due to: Obstructed Labor	
Due to: 1600	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Eugene H Ferguson O (M. D. or other)
Address 933 Prof Bldg Date signed 3-15-43

(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.....

Licensed Embalmer No.....

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.