S. No. 2
M—5-42
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 170021

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2354

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: 3346 Indiana (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 35 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 3346 Indiana (If rural, give location) 8

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

If yes, name country .....

3. (a) PRINT FULL NAME Harry Lewis

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M O

5. Color or race Wh.

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

6. (b) Name of husband or wife Fannie

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct (Month) 15 (Day), 1876 (Year)

8. AGE: Years 66 | Months 7 | Days 7 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Furier

11. Industry or business .....

FATHER
12. Name Borach Lewis
13. Birthplace ..... (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Ethel
15. Birthplace ..... (City, town, or county) Russia (State or foreign country)

16. (a) Informant Louis Grossman

(b) Address K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel Cem

18. (a) Signature of funeral director J. P. Louis

(b) Address K. C. Mo

19. (a) 5-23-43 (Date received local registrar) (b) M. M. Grower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day May year 1943 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from April 1942, 19..., to May 22, 1943 that I last saw him alive on May 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation due to myocarditis

Due to Arteriosclerosis with Hypertension

Due to .....

Other conditions Chronic Bronchial asthma (Include pregnancy within 3 months of death) 93E

Major findings:
Of operations .....

Of autopsy .....

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 L. M. Shapiro (M. D. or other) MD

Address 6th Prof. Bldg Date signed 5-24-43

(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. 3110

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.