

1. PLACE OF DEATH:

(a) County Jackson Co. Kansas

(b) City or town Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson Co. Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months
(Specify whether)

In this community native
years, months or days

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

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

(d) Street No. 916 E. 27th St.
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME David William Lewis

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day July
year 1943 hour 4.30 minute 19 A. M.

21. I hereby certify that I attended the deceased from Sept 28 1942 to July 27 1943
that I last saw him alive on July 26 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race B

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

6. (b) Name of husband or wife Maude Ethel

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

7. Birth date of deceased: 5 4 1876
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

67 2 25 hr. min.

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

10. Usual occupation Night Watchman

11. Industry or business Pacific Mutual Door Co.

MOTHER FATHER

12. Name Unknown

13. Birthplace Wales 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Wales 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Golding

(b) Address 916 E. 27th St., K.C. Mo.

17. (a) Burial (b) Date thereof 7-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
Kansas City, Missouri.

(b) Address

19. (a) July 29, 1943 (b) F. M. Schick by Elke Schick
(Date received local registrar) (Registrar's signature)

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?

23. Signature J. W. Green (M. D. or other) 9
Address 22 Independence Date signed 7/27/43

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

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.....

H. D. Blackman

Licensed Embalmer No.....

3639

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.