

FILED NOV 19 1943 49

Registration District No. 749

Primary Registration District No. 1002

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:
408 S. Monroe
(If not in hospital or institution, write street number or location)

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

In this community 29 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 408 S. Monroe
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary H. Lewis

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Evans J. Lewis

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept 9 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>1</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name John T. Moon

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

14. Maiden name Sarah Rogers

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

16. (a) Informant Evans J. Lewis

(b) Address 408 S. Monroe

17. (a) Removal (b) Date thereof Nov-3-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osage City, Kansas

18. (a) Signature of funeral director Mr. E. R. Foster

(b) Address 918 Broadway

19. (a) 11-2-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1st
year 1943 hour 4 minute 35A M.

21. I hereby certify that I attended the deceased from Oct-15-43 to Nov-1-43
that I last saw him alive on Oct 31
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

Due to _____

Other conditions Cerebrovascular
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy _____

Duration 3 wks

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature D. E. Brown (M. D. or other) _____
Address 112 West Date signed 11-1-43

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 Ralph W. Runnels

Licensed Embalmer No. 3860

P. O. Address Kansas City, 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.