S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

Registration District No. 799

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6193

Registrar's No. 768

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: 4545 Main Street, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether In this community 37 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48 3

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

(d) Street No. 4545 Main Street, (If rural, give location)

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

If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Sterla P. 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 Widowed 2

6. (b) Name of husband or wife Samuel W. Lewis

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

7. Birth date of deceased April (Month) 2 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	10	14	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name John O. Covington,
13. Birthplace Delaware (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza M. Barker
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lewis,

(b) Address 4545 Main St., Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-16-44 (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 2-16-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16 year 1944 hour 3:30 minute a. M.

21. I hereby certify that I attended the deceased from Feb 3 1944, to Feb 16 1944; that I last saw her alive on Feb 8 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

83a

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 6

23. Signature George O. Lee (M. D. ~~or other~~)

Address 1630 Prof. Bldg Date signed 2/16/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. George D. Lee

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. 1415

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.