U. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 29 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8684

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1222

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: K.C. T.B. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (specify whether years, months or days)
In this community 9 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson Co.
(c) City or town Kansas city
(If outside city or town limits, write "RURAL")
(d) Street No. 1030 Tracy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Lucous Lewis
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex F
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Lewis
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Sept. (Month) 28 (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
43	6 5	16	hr. min.

9. Birthplace Atlanta Georgia (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Lucous Brown
13. Birthplace Montgomery Ala. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cora Brown
15. Birthplace Atlanta Georgia (City, town, or county) (State or foreign country)
16. (a) Informant Self
(b) Address K.C. T.B. Hosp.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem.
18. (a) Signature of funeral director Hatkins Bros
(b) Address 1729 Lydia
19. (a) 3-16-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1945 hour 2 minute 50 P.M.
21. I hereby certify that I attended the deceased from 2-21-45, 19..., to March 14, 1945 that I last saw h.e.r. alive on Mar. 14, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) T.B.
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 Daniel W. King (M. D. or other)
Address K.C.T.B. Hosp. Date signed 3-14-45

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1951

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.....J. Manlove.....

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.