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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23062

State File No.

FILED AUG 4 1945

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3121

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-12-45; 7-20-45 (Specify whether
In this community Six years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 908 E. 16th 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MYRTLE LEWIS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced ~~Married~~ 4

6. (b) Name of husband or wife Roy Lewis

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

7. Birth date of deceased 8 (Month) 20 (Day) 92 (Year)

8. AGE: Years 52 | Months 11 | Days 0 | If less than one day hr. min.

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

10. Usual occupation house maid

11. Industry or business

PATHER
12. Name Ephraim Welton
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Ella Seals
15. Birthplace (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address Gen. Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation LINCOLN

18. (a) Signature of funeral director Brady-Braun
(b) Address 1708 Tracy

19. (a) 7-25-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1945 hour 6:10 minute p.m. M.

21. I hereby certify that I attended the deceased from 6-12-45, 19..., to 7-20-45, 19...; that I last saw her alive on 7-20-45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to cavitation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 B 1

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 [signature] (M. D. or other)

Address Gen. Hosp. #2 22nd McCoy Date signed 7-24-45

(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 ..... C. H. Countee

Licensed Embalmer No. 1271

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.