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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1945

State File No. 32760

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4442

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: 3914 Central /
(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 3 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. 3914 Central 8
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Dr. James Franklin Lewis

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Janet Lewis

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

7. Birth date of deceased March 14 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	7	12	hr. min.

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

10. Usual occupation Teacher

11. Industry or business Chemistry

FATHER
12. Name James H. Lewis
13. Birthplace unknown, 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lillian St. John
15. Birthplace unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Janet Lewis
(b) Address 3914 Central, Kansas City, Mo.

17. (a) Cremation (b) Date thereof 10-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: [redacted] cremation Elmwood Cem

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-29-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from Oct, 1944, to Oct 26, 1945;
that I last saw him alive on June, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	unknown
Due to	
Due to	
94	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Coronary Occlusion

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 A. J. Spafford (M. D. or other)
Address Pub. Bldg. K.C. Mo. Date signed 10-27-45

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(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 Robert H Reed

Licensed Embalmer No. 3745

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.