

No. 2  
OM-5-43  
ev. 5-17-39  
I X36671

**FILED** OCT 29 1945  
Registration District No. **149**

Primary Registration District No. **1002**

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

**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:  
**General Hospital #2 0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10/12/45 - 10/14/45**  
(Specify whether years, months or days)  
 In this community **Dartmouth**

**3. (a) PRINT FULL NAME** **Joe Lewis**  
 3. (b) If veteran, name war **NO**  
 3. (c) Social Security No. **NONE**

4. Sex **Male 2**  
 5. Color or race **Negro**  
 6. (a) Single, widowed, married, divorced **Unknown 9**  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

**8. AGE:** Years **Unknown** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
**About 80** hr. \_\_\_\_\_ min.

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

10. Usual occupation **Unknown**

11. Industry or business  
 12. Name **unknown**  
 13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)  
 14. Maiden name  
 15. Birthplace **Unknown** **11**  
(City, town, or county) (State or foreign country)

16. (a) Informant **General Hospital #2**  
 (b) Address **Recor. Clerk**  
 17. (a) **Removal** (b) Date thereof **10-18-1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Kansas University, A.W.P.**

18. (a) Signature of funeral director **Bready-Brown**  
 (b) Address **1708 5 rail**  
 19. (a) **10-18-45** (b) **Sheldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson 48**  
 (c) City or town **Kansas City See's Summit**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **County Home** **0**  
(If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **October 14**, Day **14**, Year **1945**  
 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from **October 12**, 19**45** to **October 14**, 19**45** in **October 14**, 19**45** and that death occurred on the date and hour stated above.**

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 Immediate cause of death **Cerebral-Vascular accident**  
 Due to **Hypertension**  
 Due to \_\_\_\_\_  
 Other conditions **52**  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**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?  
**ENCE-Kansas**  
 While at work? **See above** (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature **See above** (M. D. or other) \_\_\_\_\_  
 Address **General Hospital #2** Date signed **10/18/45**

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

working under my personal supervision.

Signed

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.