

S. No. 2
M-5-43
7-5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37458

State File No. _____
Registrar's No. 339

Registration District No. 146 Primary Registration District No. 5568

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Blue
(c) Name of hospital or institution: 1603 Arlington
(d) Length of stay: 27 years
In this community 27 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural Independence
(d) Street No. 1603 Arlington
(e) Citizen of foreign country? no

3. (a) PRINT LILLIE BELLE LEWIS
FULL NAME
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 23 year 1945 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from April 1 1945 to Nov 23 1945
that I last saw her alive on Nov 22 1945 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Chas. A. Lewis 6. (c) Age of husband or wife if alive 1872 years
7. Birth date of deceased April 19 191972 (Month) (Day) (Year)

Immediate cause of death Carcinoma of gall bladder Duration 3 months
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 73 Months 7 Days 4 If less than one day hr. _____ min. _____

PHYSICIAN
Major findings: Carcinoma of gall bladder
Of operations _____
Of autopsy 468
Underline the cause to which death should be charged statistically.

9. Birthplace Holden Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business Washington Carney
12. Name _____
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Fryrear
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Claude Lewis
(b) Address Independence Missouri
17. (a) Burial (b) Date thereof 11-26 1945
(c) Place: burial or cremation Mt. Washington Cemetery
Geo. C. Carson Funeral Home

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ Means of injury _____
23. Signature James Ross (M. D. or other) _____
Address Independence, Mo Date signed 11/24/45

18. (a) Signature of funeral director _____
(b) Address Independence Missouri
19. (a) 11-25-45 (b) James Ross
(Date received local registrar) (Registrar's signature)

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

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 George I. Larson

Licensed Embalmer No. 2249

P. O. Address Indep. 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.