

No. 2  
1-5-43  
5-17-39  
I X36671

State File No. \_\_\_\_\_

Registrar's No. 160

FILED FEB 2 1945  
Registration District No. 15

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Boothe Blue Rural place  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Home for Aged  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 months  
(Specify whether  
In this community 8 mo  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5th & main  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROY 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 divorced  
6. (b) Name of husband or wife unknown  
6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased August 28 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 8  
year 1945 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from Nov 20, 1945 to Dec 8, 1945  
that I last saw him alive on Dec 7, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death acute regurgitation

8. AGE: Years Months Days If less than one day  
69 3 10 hr. min.

9. Birthplace Todd County, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Records - County Home

(b) Address Rt 4, Independence, Mo.

17. (a) Burial (b) Date thereof 12/11/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation his summer

18. (a) Signature of funeral director W B Langford

(b) Address his summer

19. (a) 12/10/45 (Date received local certificate) (Registrar's name)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 920

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J W Greene (M. D. or other) 12/14  
Address Independence Mo Date signed

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

100452

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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

*W B Langford*

Licensed Embalmer No. ....

*3823*

P. O. Address

*215 Summit*

**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.