

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 6 1946 STANDARD CERTIFICATE OF DEATH

13239
State File No. _____
1866
Registrar's No. _____

Registration District No. 149 Primary Registration District No. 1002

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 No. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr. 3 mos.
(Specify whether
 In this community 3 years
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. 2542 Michigan
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Talton Lewis
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 18, year 1946 hour 4: minute 20 P.M.
 21. I hereby certify that I attended the deceased from January 8, 1945 to April 18, 1946; that I last saw him alive on April 18, 1946; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: June 1856
(Month) (Day) (Year)

Immediate cause of death Cerebral Apoplexy due to Generalized Arteriosclerosis With Senile Psychosis (Vegetative State)
 Due to _____
 Due to _____

8. AGE: Years	Months	Days	If less than one day
About 89	10		hr. _____ min.

Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 -Of operations _____
 Of autopsy _____

9. Birthplace Nelson Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation None

11. Industry or business None
 12. Name Lisbon Lewis
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Jones
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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? _____ (f) Means of injury _____

MOTHER FATHER
 16. (a) Informant Medical Records Librarian
 (b) Address General Hospital No. 2
 17. (c) Removal (b) Date thereof 4/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Marshall, Missouri
 18. (a) Signature of funeral director Dorothy E. ...
 (b) Address 1729 Lydial line
 19. (a) 4-22-46 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
 Address General Hospital No. 2 Date signed 4/19/46

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

10-11-46

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.....

Laurence A. Jones
working under my personal supervision.

Registered Apprentice No. *378*

Signed *Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2583 Highland*

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.