

S. No. 2
 DM-5-43
 v. 5-17-39
 I X36871

FILED JUL 10 1946
 Registration District No. **117**

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:
1717 E. 26th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 years**
(Specify whether years, months or days)

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

4. Sex **Fe** 5. Color or race **Ch.**
 6. (a) Single, widowed, married, divorced **Wid.**
 6. (b) Name of husband or wife **Wm Lewis**
 6. (c) Age of husband or wife if alive **Deceased**
 7. Birth date of deceased **12 24 1868**
(Month) (Day) (Year)

8. AGE: Years **77** Months **5** Days **29**
 If less than one day hr. _____ min. _____

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

10. Usual occupation **unemployed**

11. Industry or business _____

MOTHER { 12. Name **unknown**
 13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**
 15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Helen Jrigg**
 (b) Address **2706 South Western Ave. S.A. Cal.**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **6-29-1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**
 18. (a) Signature of funeral director **Adkins Pres.**
 (b) Address **2000 E. 12th K.C. Mo.**

19. (a) **6-29-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Jackson**
 (c) City or town **K.C.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1717 E. 26th St.**
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **23**
 year **1946** hour **2** minute **15 P.** M.

21. I hereby certify that I attended the deceased from _____
 to _____ 19____ to _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive heart disease**
 Due to _____

Due to _____
 Other conditions **undetermined**
(Include pregnancy within 3 months of death) **93d**

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy **no post**
 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) **Reputy Crowe**

While at work? _____ (2) Means of injury _____
 23. Signature **H. Weeber** (M. D. or other) _____
 Address **2636 Broadway** Date signed _____

6-27-46

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *A. T. Moore*

Licensed Embalmer No. *948*

P. O. Address.....

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.