S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27220

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 3600

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2820 Peery Avenue 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles B. LEWIS

3. (b) If veteran, name war no

3. (c) Social Security No. 493-12-6327

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Addie Lewis

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October (Month) 31, (Day) 1870 (Year)

8. AGE: Years 75 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Paradise, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Leather worker

11. Industry or business Razer Company

FATHER
12. Name Sam Lewis
13. Birthplace ---- (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Elizabeth Lane
15. Birthplace ---- (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Addie Lewis
(b) Address 2820 Peery Avenue, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Smithville, Mo.

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 E. Linwood Blvd.

19. (a) 8-20-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1946 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Mar 31, 1946, to Aug 19, 1946, that I last saw him alive on Aug 19, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Degeneration	3 mo
Due to Arteriosclerosis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Prostatic Hypertrophy	
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? (Specify type of place)
While at work? (f) Means of injury

23. Signature Douglas L. Jackson (M. D. or other)
Address 1103 Armour Date signed 8-20-46

(Licensed Embalmer's Statement on Reverse Side)

1103 E. Armour

No. 4193

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 Dean Cole, Registered Apprentice No. 408, working under my personal supervision.

Signed Russell N. France

Licensed Embalmer No. 4255

P. O. Address K C 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.