

6. No. 2
M-2-43
5-17-39
X35697

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

27222
State File No.
Registrar's No. 3579

Registration District No. 149 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 JEFFERSON CITY
(c) Name of hospital or institution: M.C. GEYER HOSPITAL
(d) Length of stay: In hospital or institution 5 HOURS
In this community 42 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town JEFFERSON CITY 3
(d) Street No. 2536 BALES AVENUE 8
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME WILLIAM F. LEWIS
(b) If veteran, name war No
(c) Social Security No. 486-07-4151

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUL. day 16/4
year 1946 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19 and that death occurred on the date and hour stated above.

4. Sex MALE
5. Color or race WHITE
6. (b) Name of husband or wife MRS. HATTIE LEWIS
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased JULY 4 1888

Immediate cause of death: Deputy Coroner
Acute Pulmonary Edema
Due to Alcoholism, acute.

8. AGE: Years 58 Months 1 Days 12

Other conditions: (Includes pregnancy within 3 months of death)
Major findings: Of operations: A7U
Of autopsy: See Above

9. Birthplace ARKANSAS

10. Usual occupation CABINET MAKER

11. Industry or business

12. Name WILLIAM LEWIS
13. Birthplace ARKANSAS
14. Maiden name SARAH ADAIR
15. Birthplace ARKANSAS

16. (a) Informant Mrs W F Lewis
(b) Address 2536 Bales

17. (a) BURIAL (b) Date thereof AUG-19-1946
(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director W. Newcomes Dow

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 8-19-46 (b) Geraldine Holmes

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of work) (c) Means of injury

23. Signature W. F. Upsher (M. D.)
Address 2800 Main Date 8/19/46

SEP 19 1946

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 *Oscar J. H. [Signature]*

Licensed Embalmer No. 1967

P. O. Address Kansas City

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.