

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 **J.C. Mo**
(c) Name of hospital or institution: **St. Mary's**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Da**
In this community **2 Da**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **J.C. Mo**
(d) Street No. **3307 Spruce**
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? **no.** (Specify No.)
If yes, name country.....

3. (a) PRINT FULL NAME **LEVI ROBERTS M. JR.**

3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased: **Oct 20-46**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. min.

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

10. Usual occupation **infant**

11. Industry or business.....

12. Name **Robert M. Lewis Sr**

13. Birthplace **J.C. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Barthelme**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Robert King**

(b) Address **3307 Spruce**

17. (a) **Burial** (b) Date thereof **10/24/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Palmyra**

18. (a) Signature of funeral director **Henry M. Kelly, Esq.**

(b) Address **1800 Linwood**

19. (a) **10-23-46** (b) **Shirley Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10/22** day.....
year **1946** hour..... minute..... M.

21. I hereby certify that I attended the deceased from **10-20-46** to **10-22-46**
that I last saw him alive on **10/21** and that death occurred on the date and hour stated above.

Immediate cause of death **atalectasis**
Due to **Prematurity (7 mo.)**

Duration

2 days

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations..... **159**

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?.....

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

23. Signature **P. O'Connell M.D.** (M. D. or other) **TOJ**

Address **327 Bienville Blvd.** Date signed **10/22/46**

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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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.....

Signed.....

.....
Licensed Embalmer No.....

.....
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.

Handwritten signature and number 3261 at the bottom right of the page.