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

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1946

State File No. 33648

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4376

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: The George H. Nettleton Home, 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no. (Specify whether
In this community: 20 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson, 4
(c) City or town: Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No.: The George H. Nettleton Home, 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Catherine A. Lewis
3. (b) If veteran, name war: no.
3. (c) Social Security No.: no.
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed,
6. (b) Name of husband or wife: James D. Lewis
6. (c) Age of husband or wife if alive: dec. years
7. Birth date of deceased: June (Month) 24 (Day) 1849 (Year)
8. AGE: Years 97 Months 3 Days ~~24~~ 23 If less than one day hr. min.
9. Birthplace: West Virginia
(City, town, or county) (State or foreign country)
10. Usual occupation: at home,
11. Industry or business: x
MOTHER FATHER
12. Name: Isaac Kelly
13. Birthplace: West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name: Lucinda Cross
15. Birthplace: West Virginia
(City, town, or county) (State or foreign country)
16. (a) Informant: Louise J. Page,
(b) Address: 5125 Swope Parkway, K. C., Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 10-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 10-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 1946 hour 3:15 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1 1946 to Oct 17 1946
that I last saw her alive on Oct 14 1946
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause ~~of death~~: Arteriosclerosis | 5 years |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Skin cancer of face | 6 mo |

Major findings:
Of operations: 53
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? (e) Means of injury: 0
23. Signature: John L. Lapp (M. D. or other) M. D.
Address: 1314 Professional B Date signed 10/18/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. John G. Lapp, Prof. Bldg.

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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.....

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

working under my personal supervision.

Signed Robert H. Reef

Licensed Embalmer No. 3745

P. O. Address KC, 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.**