

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1196**  
Registrar's No. **392**

FILED FEB 11 1947  
Registration District No. **779**

Primary Registration District No. **1002**

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: **General Hosp. #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **19 1/2 hours**  
In this community **19 1/2 hours**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Cornell Hotel - (in block + front)**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan.** day **26**  
year **1947** hour **8** minute **30** A. M.  
21. I hereby certify that I attended the deceased from **Jan 24**  
**19 47** to **Jan. 26** 19**48**.  
that I last saw him alive on **1-26** 19**47**  
and that death occurred on the date and hour stated above.

4. Sex **M**  
5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Jan. 24th 1947**  
(Month) (Day) (Year)

Immediate cause of death **Massive hemorrhage into left ventricle (cerebrum)**  
Due to **Prematurity**  
Duration \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days **19 1/2 hrs**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace **K. C. Mo.**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations **160A**  
Of autopsy **As above**

10. Usual occupation **None**  
11. Industry or business \_\_\_\_\_  
12. Name **Calvin P. Lewis**  
13. Birthplace **New Hartford, Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Laura Wilkinson**  
15. Birthplace **Weir, Kans.**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Calvin P. Lewis**  
(b) Address **Cornell Hotel**  
17. (a) **Removal** (b) Date thereof **Jan 27-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Pittsburg Kansas**  
18. (a) Signature of funeral director **Mrs C. J. Foster**  
(b) Address **918 Franklin**  
19. (a) **1-27-47** (b) **Geraldine Holmes**  
(Date received local Registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(c) 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) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature **Wm W. Hart** (M. D. or other) **MD**  
Address **Gen Hosp** Date signed **1/26/47**

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

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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.....

*C. H. Wise*

Licensed Embalmer No.....

*2570*

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.**