

No. 2  
12-45  
5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1198**  
Registrar's No. **98**

**FILED JAN 23 1947**  
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 **KANSAS CITY**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**GENERAL HOSPITAL NO. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 days** (Specify whether  
In this community **14 years** (Specify whether  
years, months or days)

**3. (a) PRINT FULL NAME** **LEWIS, WILLIAM**  
**3. (b) If veteran,** **None** **3. (c) Social Security**  
name war. **None** No. **487-09-2698**

**4. Sex** **MALE** **2** **5. Color or** **NEGRO** **6. (a) Single, widowed, married,**  
race **NEGRO** divorced **SINGLE**  
**6. (b) Name of husband or wife** **6. (c) Age of husband or wife if**  
alive **years**  
**7. Birth date of deceased** **JULY 27, 1901**  
(Month) (Day) (Year)

**8. AGE:** Years **45** Months **5** Days **10** **9** **2**  
If less than one day hr. min.

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

**10. Usual occupation** **Truck Driver**

**11. Industry or business**

**12. Name** **Unknown** **9**  
**13. Birthplace** **Unknown** **9**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Unknown**  
**15. Birthplace** **Unknown** **9**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Nathaniel Lewis Friend**  
**(b) Address** **1418 E. 24th St. Q5**

**17. (a) Burial** **Highland Cemetery** **(b) Date thereof** **Jan 13/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation**

**18. (a) Signature of funeral director** **Hollins Bros.**  
**(b) Address** **1729 Lydia Ave**

**19. (a) 1-9-47** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**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. **724 Cambell** **8**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **JANUARY** day **6**  
year **1947** hour **10:** minute **15 P.M.**

**21. I hereby certify that I attended the deceased from**  
**December 28, 1946, to January 6, 1947**  
that I last saw him alive on **January 6, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **PULMONARY EDEMA** **Duration**

Due to **HYPERTENSIVE HEART DISEASE AND**  
**CHRONIC NEPHRITIS**

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **1318**

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) **0**  
(c) Means of injury

**23. Signature** **Dr. Frank Ellis** (M. D. or other) **M.D.**  
**Address** **General Hospital No. 2** **Date signed** **1/7/47**

27

---

---

**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 J. Jerome Manlove  
Licensed Embalmer No. 3994  
P. O. Address 2503 Highland

**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.**