

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 11

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Spring, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo., 1 day
(Specify whether years, months or days)

In this community 1 mo., 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1336 Park
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tommie T. Lewis

3. (b) If veteran, name war World War II

3. (c) Social Security No. Unknown

4. Sex Male 2 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Pearl B. Lewis

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased: August 15 1912
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>7</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace Milburn Okla
(City, town, or county) (State or foreign country)

10. Usual occupation Floor foreman

11. Industry or business K.C., Waste Paper Co.

MOTHER FATHER

12. Name Henry Lewis

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Mazie Chedle

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

16. (a) Informant Hospital Records, Veterans Administration

(b) Address Excelsior Springs, Missouri

17. (a) Removal (b) Date thereof April 5/47
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Excelsior Ardmore, Oklahoma

18. (a) Signature of funeral director Jerald Hope
HOPE FUNERAL HOME

(b) Address Excelsior Springs, Missouri

19. (a) 4/ 5/47 (b) Carolyn Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1947 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from March 2, 1947 to April 3, 1947; that I last saw him alive on April 3, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced, active. Duration Unknown

Other conditions: Peritonitis, presumably tuberculous.

Emphysema, subcutaneous, left chest wall.

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations: _____

Of autopsy: Tissue emphysema left abdomen chest. Multiple abdominal wall abscesses.

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 of physician Jack D. Fleming (M. D. or other) M.D.
Address Veterans Administration Hospital, Excelsior Springs, Missouri
Date signed 4/5/47

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

24

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

100 4 - 23 - 47

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APR 17 1947

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

James A. Moler

Licensed Embalmer No. 3296

P.O. Address

Episcopal Springs, 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.