S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1947

Registration District No. 147

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

13539

State File No.

Registrar's No. 1806

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: 5619 E-36 Street. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 months
years, months or days)

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. 5619 E-36 St 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Francis Louise Lewis

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Col

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 8 (Month) 20 (Day) 1944 (Year)

8. AGE: Years 2 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Pelican (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation — Child

11. Industry or business

FATHER
12. Name Oval Lewis
13. Birthplace Pelican La. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Severia Florist
15. Birthplace Pelican La. / (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Lewis

(b) Address Kansas City MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-47 (Month) (Day) (Year)

(c) Place: burial or cremation Pelican La.

18. (a) Signature of funeral director H B Moore

(b) Address 1820 E 18 st

19. (a) 4-21-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15 year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on Deputy - Corner , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation

Due to 4th Degree Burns

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1815

Of autopsy No Permit

Duration

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) Accident 123

(b) Date of occurrence 4-15-47

(c) Where did injury occur? K. C. Jackson - Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury 4th Burn

23. Signature J Williams (M. D. or other) [illegible]

Address 2636 - Brooklyn Date signed 4-17-47

(Licensed Embalmer's Statement on Reverse Side)

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 H B Moore

Licensed Embalmer No. 2440

P. O. Address 1820 E 18 st

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.