

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

FILED APR 23, 1947
Registration District No. 1/97

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 Hospital #2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 das**
In this community **35 yrs.** (Specify whether years, months or days)

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. **1108 Lydia**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Bell Lewis**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **Unk.**

4. Sex **FE Male**
5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Granville Lewis**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **Feb. 29 1896**
(Month) (Day) (Year)

8. AGE: Years **51** Months **11** Days **107**
If less than one day hr. _____ min. _____

9. Birthplace **Manville Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Emanuel Conway**
13. Birthplace **Arkansas**
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Daughter, Dixie Lee Flute**
(b) Address **704 Rowland, A.C. Ks.**

17. (a) **Burial** (b) Date thereof **4/10/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Watkins Bros.**

(b) Address **1729 Lydia Avenue**

19. (a) **4-7-47** (b) **Edith M. Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**
year **1947** hour **4** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Mch. 28** 19**47** to **Apr. 6** 19**47**
that I last saw him alive on **April 6** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia due to Acute Nephrosclerosis Generalized Arterio Sclerotic Hypertensive Heart Disease**
Due to _____

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

Major findings: _____
Of operations **3/2**
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 _____ (a) Means of injury **0**
23. Signature **Edith M. Holmes** (M. D. or other) _____
Address **600 E. 22d** Date signed _____

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

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 Marlowe

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.