

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

State File No. \_\_\_\_\_

FILED AUG 7 1947

Registrar's No. 3103

Registration District No. 147

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. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether \_\_\_\_\_)

In this community 31 Yrs.  
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. 1420 Jefferson  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Lewis

3. (b) If veteran, name war W.W.II

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1947 hour 10 minute 25 A. M.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Sept. 23 1915  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 16 1947 to July 21 1947  
that I last saw him alive on July 21 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 31 Months 9 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Acute leukemia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Electrician

Major findings: Of operations 740

Of autopsy None

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Lemuel Lewis

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

14. Maiden name Mollie Ketcherside

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

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 Wm W Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed 7-22-47

16. (a) Informant Mrs. Pearl Lewis

(b) Address 1420 Jefferson St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill R.C. Ch.

18. (a) Signature of funeral director Welbert Funeral Home

(b) Address K.C. Mo.

19. (a) 7-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

SEP 24 1997

*Dr. Hilly*

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..... *Blaine E. Weichert*

Licensed Embalmer No..... *4075*

P. O. Address..... *K.C. 2401*

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.