

No. 2
1/47
17-39

FILED DEC 15 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1159**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Methodist Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 1/2 hours**
(Specify whether in this community **1 1/2 hours** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")

(d) Street No. **2624 St. Joseph, Avenue**
(If rural, give location)

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

3. (a) PRINT or FULL NAME **Robert B. Lewis**
(b) If veteran, **no** name war

3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **9** years

7. Birth date of deceased **December 9 1947**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	1 hr. 30 min.

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

10. Usual occupation **none**

11. Industry or business

12. Name **Robert B. Lewis**

13. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Charlotte Anne Bennett**

15. Birthplace **St. Joseph, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert B. Lewis**

(b) Address **2624 St. Joseph, Avenue**

17. (a) **burial** (b) Date thereof **1-2-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Stoney Funeral Home**

(b) Address **2335 St. Joseph Ave**

19. (a) **12-12-47** (b) **H. G. Jenkins**
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **9**
year **1947** hour **3** minute **30** a.m.

21. I hereby certify that I attended the deceased from **12-9-47** to **12-9-47**
that I last saw her alive on **12-9-47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Strangulation**

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy **none**

Underline the cause of 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? **no** Means of injury **0**

23. Signature **J. Stoney** (M. D. or other) **XXXX**

Address **2624 St. Joseph, Ave** Date signed **12-9-47**

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.....

Charles M. Herman Registered Apprentice No. 450
working under my personal supervision.

Signed.....

John Roy Stawrey

Licensed Embalmer No. 2435

P. O. Address St. Joseph

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.