S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38276

State File No.

FILED DEC 9 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4917

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 years, months or days)
In this community: 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 38
(If outside city or town limits, write "RURAL")
(d) Street No.: 1318 Campbell
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: N

3. (a) PRINT FULL NAME: William Lewis
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Belle Lewis
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: Nov. (Month) 28 (Day) 1874 (Year)

8. AGE: Years 73 Months 11 Days 25 If less than one day ... hr. ... min.

9. Birthplace: Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Refiner
MOTHER FATHER
12. Name: Wm. M. Lewis
13. Birthplace: No Record (City, town, or county) No Record (State or foreign country)
14. Maiden name: No Record
15. Birthplace: No Record (City, town, or county) No Record (State or foreign country)
16. (a) Informant: Mary Belle Lewis
(b) Address: 1318 Campbell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 25-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Washington Cem
18. (a) Signature of funeral director: Mrs C. L. Gaston
(b) Address: 918 Brooklyn
19. (a) 11-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1947 hour 9 minute 3 A. M.
21. I hereby certify that I attended the deceased from Nov. 18, 1947 to Nov. 23, 1947 and that I last saw him alive on Nov. 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Perforated duodenal ulcer with generalized peritonitis — Duration

Due to:

Due to:

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

Major findings:
Of operations: 117 b
Of autopsy: See above

PHYSICIAN — 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? (e) Means of injury: 0

23. Signature: Wm. W. Hurt (M. D. or other) M.D.
Address: Med. Dir. Gen'l Hosp. Date signed: 11-24-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pickering

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. Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn K.C., 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.