

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 2 hrs.  
In this community 2 hrs.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME INFANT LEWIS #1

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race NEGRO 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 MAY 4 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 2 hrs.  
hr. min.

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

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

12. Name GEORGE LEWIS, JR.

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

14. Maiden name LEOLA MARIE COLE

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

16. (a) Informant MOTHER: LEOLA MARIE LEWIS

(b) Address 1705 East 17th Street

17. (a) Burial (b) Date thereof 6-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Field

18. (a) Signature of funeral director Tom J. [Signature]

(b) Address City [Signature]

19. (a) 6-12-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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. 1705 East 17th Street  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4  
year 1948 hour 11:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from MAY 4  
1948 to MAY 4 1948  
that I last saw her alive on MAY 4 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURITY  
(5 MOS.)

Duration

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

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

Other conditions 159  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy SAME AS ABOVE

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] Address 600 East 22nd Street Date signed 5/5/48  
M. D. or other \_\_\_\_\_

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

MOTHER FATHER

**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.....

*not Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Wm A. Bohmeyer*

Licensed Embalmer No.....

*3089*

P. O. Address.....

*150 2nd*

**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.**