S. No. 300
M—10-47
7. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 19 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19559

Registrar's No. 2471

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. 43 min. (Specify whether years, months or days)
In this community 2 hrs. 43 min.

2. USUAL RESIDENCE OF DECEASED: 4X

(a) State: MISSOURI (b) County: JACKSON

(c) City or town: KANSAS CITY 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1705 East 17th Street 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

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

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: FEMALE 3

5. Color or race: NEGRO

6. (a) Single, widowed, married, divorced: SINGLE 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: MAY (Month) 4 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day: 2 hr. 43 min.

9. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation: INFANT

11. Industry or business:

MOTHER FATHER

12. Name: GEORGE LEWIS, JR.

13. Birthplace: TULSA (City, town, or county) OKLAHOMA (State or foreign country) 1

14. Maiden name: LEOLA MARIE COLE

15. Birthplace: SHELBY (City, town, or county) MISSISSIPPI (State or foreign country) 1

16. (a) Informant: MOTHER: LEOLA MARIE LEWIS

(b) Address: 1705 East 17th Street

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

(c) Place: burial or cremation: Leeds

18. (a) Signature of funeral director: Wm. J. Lohmeyer

(b) Address: City Montgomery

19. (a) 6-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4 year 1948 hour 11:45 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) Manner of injury: 0

23. Signature: [illegible] (M. D. or other)

Address: 600 East 22nd St. Date signed 5/5/48

(Licensed Embalmer's Statement on Reverse Side)

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 Lohmeyer

Licensed Embalmer No. 3089

P. O. Address 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.