

FILED JUN 19 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2472

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell
(c) City or town Palo
(If outside city or town limits, write "RURAL") 1200
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rebecca Lewis

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife JAMES Lewis 6. (c) Age of husband or wife if alive 28 years (Month) 10 (Day) 28 (Year) 1860

8. AGE: Years 87 88 Months 5 7 Days 22 13 If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Samuel Dixon
13. Birthplace England (City, town, or county) _____ (State or foreign country) 4
14. Maiden name Sarah Ann Ralingson
15. Birthplace England (City, town, or county) _____ (State or foreign country) 4

16. (a) Informant Miss Sarah Lewis
(b) Address Palo, Missouri
17. (a) removal (b) Date thereof 6-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Ridge Cemetery

18. (a) Signature of funeral director Alephand Cowley
(b) Address Palo, Missouri
19. (a) 6-12-48 (Date received local registrar) (b) Alfredine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1948 hour 3 minute 45 P. M.
21. I hereby certify that I attended the deceased from June 10 1948 to June 11 1948 that I first saw her alive on June 11 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Insufficiency 2 days
Due to Coronary Sclerosis 4 yrs
Due to Cholesterol
Other condition: Shock following fracture Rt femur 2 days
Major findings: _____
Of operations: _____
Of autopsy: 1860
18

Duration
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) Accident, 13
(b) Date of occurrence June 10-48
(c) Where did injury occur? Palo, Caldwell Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell in home
While at work _____ (Specify type of place)
(e) Manner of injury fall
23. Signature Carl A. Bush (M. D. or other) MD
Address 106 W. 14th St. S.C. Mo Date signed 6/11/48

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.....

Wayne H. Gallemou, Registered Apprentice No. *77*
working under my personal supervision.

Signed *Dean A. Alsbaugh*
Licensed Embalmer No. *2968* *St. Louis, Mo.*
P. O. Address *Palms Missouri*

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.