No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26436

Primary Registration District No. 1002

Registrar's No. 3422

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: St. Lukes Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 30 hrs 25 min (Specify whether years, months or days)

In this community: 30 hrs 25 min

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") 48

(d) Street No.: 6332 Walnut St (If rural, give location) 3

(e) Citizen of foreign country? No (Yes or No) 8 0

If yes, name country:

3. (a) PRINT FULL NAME: Mary Kay Lewis

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: —

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: 8 (Month) 19 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day: 30 hr. 25 min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: —

11. Industry or business: —

FATHER

12. Name: Edward Austin Lewis

13. Birthplace: Leavenworth (City, town, or county) Kansas (State or foreign country)

MOTHER

14. Maiden name: Mary Catherine M. Coal

15. Birthplace: Leavenworth (City, town, or county) Kansas (State or foreign country)

16. (a) Informant: Mr. E. A. Lewis

(b) Address: 6332 Walnut, K.C. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-21-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Leavenworth Kans

18. (a) Signature of funeral director: Sumpter Funeral Home

(b) Address: Leavenworth Kans.

19. (a) 8-21-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: aug day: 20 year: 1948 hour: 9 PM. minute: M.

21. I hereby certify that I attended the deceased from 8-19-48, 19..., to 8-20-48, 19..., that I last saw her alive on 8-20, 19 48; and that death occurred on the date and hour stated above.

Immediate cause of death: atelectasis

Due to: Premature 6½ months

Due to:

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

Major findings: Of operations: 159

Of autopsy:

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):

(b) Date of occurrence:

(c) Where did injury occur? Kans City (City or town) Jackson (County) Mo (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:

23. Signature: Harry R. Thorn (M. D. or other)

Address: 1107 Bryant Bldg Date signed: 8-21-48

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.