

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED SEP 18 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29647  
Registrar's No. 3609

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson County  
(b) City or town Jackson City  
(c) Name of hospital or institution General Hospital  
(d) Length of stay: In hospital or institution 18 Min.  
In this community 44 HOURS  
years, months or days

3: (a) PRINT FULL NAME Lewis Ball  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex Male  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced, or widowed  
6. (b) Name of husband or wife UNKNOWN  
6. (c) Age of husband or wife if alive UNKNOWN  
7. Birth date of deceased UNKNOWN

8. AGE: Years About 58  
Months  
Days  
If less than one day hr. min.

9. Birthplace UNKNOWN

10. Usual occupation UNKNOWN

11. Industry or business UNKNOWN

12. Name UNKNOWN

13. Birthplace UNKNOWN

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN

16. (a) Informant D.C. Dr. R. Williams  
(b) Address 2636 Brooklyn Ave

17. (a) Burial (b) Date thereof 9-4-48  
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director  
(b) Address 1513 Broadway

19. (a) 9-4-48 (b) Signature of Registrar  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town JACKSON CITY  
(d) Street No. NO PERMANENT ADDRESS  
(e) Citizen of foreign country? No.  
If yes, name country

20. DATE OF DEATH: Month 8 day 29  
year 1948 hour 6 minute 30 P.M.  
21. I hereby certify that I attended the deceased from  
Deputy - Coroner  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure  
Due to: Hypertensive Heart Disease  
Due to: Syphilis  
Other conditions: Mental  
Major findings: Of operations: Mental 30g  
Of autopsy: no permit  
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?  
(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  
Signature: R. Williams (M. D. or other)  
Address: 2636 Brooklyn Date signed

8-31-48

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**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 C. E. Davis

Licensed Embalmer No. 4417

P. O. Address R. E. 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.**