No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30042

FILED SEP 21 1948

Registration District No. 146 — Primary Registration District No. 3026 — Registrar's No. 280

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium & Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 Hours (Specify whether years, months or days)
In this community 31 Hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 47
(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 3661 East 9th Street 7 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME George Gregory Lewis
3. (b) If veteran, name war ---------- 3. (c) Social Security No. ----------
4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith O. Lewis 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 17, (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
46	9	27	hr. min.

9. Birthplace Wallsend, N.S. Wales, Australia (City, town, or county) (State or foreign country)
10. Usual occupation Minister
11. Industry or business Reorganized L.D.S. Church
FATHER
12. Name George Lewis
13. Birthplace Australia 8 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice
15. Birthplace Australia 8 (City, town, or county) (State or foreign country)
16. (a) Informant Bishop G. Leslie DeLapp
(b) Address Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery
18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri
19. (a) 9-16-48 (Date received local registrar) (b) [signature] (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14, year 1948 hour 12 minute 20 A. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture
Due to Auto Trauma
Due to
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner
Major findings: Of operations 170-4 27
Of autopsy History & Inspection

Duration

PHYSICIAN
Underline the cause of 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 25
(b) Date of occurrence 9-12-48
(c) Where did injury occur? Cameron (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? #69 Hi Way (Specify type of place)
While at work? No (e) Means of injury
23. Signature A. E. Upsher (M. D. or other) M.D.
Address 2800 Main Date signed 9/16/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Fixed object SHP

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

MAY 27 1949

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. Roland R. Spencer

Licensed Embalmer No. 3604

P. O. Address Independence, 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.