FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 29 1948

Registration District No. 6

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 33186

Registrar's No. 318

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 118 S. Northern
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. Charles Henry Lewis

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Ida Leona Lewis

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

7. Birth date of deceased Oct. 7, 1908 (Month) (Day) (Year)

8. AGE: Years 40 Months 0 Days 12 If less than one day hr. min.

9. Birthplace Corning, Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation Table Operator

11. Industry or business Sheffield Steel Corp.

FATHER
12. Name Jerry M. Lewis
13. Birthplace Olney, Ills. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucyindy Septie
15. Birthplace unknown, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Leona Lewis
(b) Address 118 S. Northern, Independence, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Md. Grove Cemetery

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.

19. (a) 10-21-48 (Date received local registrar) (b) [signature] (Registrar's signature) 3547

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1948 hour 8:45 minute P 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.

	Duration
Immediate cause of death Respiratory Failure	(1 hr)
Due to Hodgkins Sarcoma	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See Above

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. E. Ossher (M. D. or other)
Address 2800 Main Date signed 10/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 19 1953

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 John M. Steiman, Registered Apprentice No. 269 working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.