

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. \_\_\_\_\_

**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:  
**GENERAL HOSPITAL # 2**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2das, 17 hrs, 30**  
(Specify whether  
 In this community **48 years**  
years, months or days)

**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")  
 (d) Street No. **1620 West 9th Street**  
(If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME **LEE LEWIS**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **unknown**

4. Sex **MALE** 2 5. Color **NEGRO** 6. (a) Single, widowed, married, divorced **MARRIED**  
 6. (b) Name of husband or wife **MAMIE LEWIS** 6. (c) Age of husband or wife if alive **?** years  
 7. Birth date of deceased **SEPTEMBER 3rd 1872**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **2** Days **5** If less than one day **hr. min.**

9. Birthplace **MINDEN LOUISIANA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **DAY LABORER**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name **LEE LEWIS**  
 13. Birthplace **LOUISIANA**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **ROSE JENSEN**  
 15. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wife: Mamie Lewis**  
 (b) Address **1620 West 9th**

17. (a) **Removal** (b) Date thereof: **11-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **W. Ballantyne Cem. R.P. 11**

18. (a) Signature of funeral director **W. W. Thayer**  
 (b) Address **1520 N. 5th St.**

19. (a) **11-13-48** (b) **Seraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **NOVEMBER** day **8th**  
 year **1948** hour **1:1 A.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **NOVEMBER 5th 1948** to **NOVEMBER 8th 1948**;  
 that I last saw him alive on **NOVEMBER 7th 1948**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **BENIGN PROSTATIC HYPERTROPHY**  
**URINARY OBSTRUCTION**  
**3. CARDIAC DILATATION AND HYPERTROPHY**

Due to \_\_\_\_\_  
 Other conditions **a5c**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **SAME AS ABOVE**

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? \_\_\_\_\_

While at \_\_\_\_\_ (Specify type of place) **E. Frank Ellis**  
 (a) Means of injury \_\_\_\_\_  
 23. Signature **E. Frank Ellis** (b) \_\_\_\_\_ (M.D. or other)  
 Address **600 East 22nd St.** Date signed **11/8/48**

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

**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 Nathan H. Ketchum  
Licensed Embalmer No. ~~744~~ 2700  
P. O. Address R. C. T.

**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.**