

FILED DEC 29 1948
Registration District No. **149**

Primary Registration District No. **7002**

48
3
4

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

1. PLACE OF DEATH: **Ja ckson**

(a) County **Ja ckson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **DeVine Bros Clinic**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **15 Days**
(Specify whether years, months or days)

In this community **15 Days**

3: (a) PRINT FULL NAME **Stonewall Jackson Lewis**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Settie Lewis**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **Jan. 29th 1878**
(Month) (Day) (Year)

8. AGE: Years **70** Months **10** Days **9**
If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Farming**

12. Name **David Lewis**

13. Birthplace **So. Car.**
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie Carey**

15. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Settie Lewis**

(b) Address **Tipton, Okla.**

17. (a) **Removal** (b) Date thereof **12/9/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tipton, Okla.**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 West 42nd street**

19. (a) **12-9-48** (b) **Steadline Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Oklahoma** (b) County **Jackson**

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

(d) Street No. **2**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **5** year **1948** hour **5** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **Nov 21st** 1948, to **Dec 8th** 1948, that I last saw him alive on **Dec 8th** 1948, and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Nephritis**

Due to **Anuria**

Due to **Surgical shock**
hypertrophy of prostate

Other conditions (Include pregnancy within 3 months of death)

Major findings: **transurethral reaction**

Of autopsy **137a**

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? (City or town) (County) (State)

(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 **G. M. Jaquiss**

23. Signature **G. M. Jaquiss** (M. D. or other)
Address **918 Oak / Jan 11 6 Mo** Date signed **12-8-48**

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 Edmund E. Fessenden

Licensed Embalmer No. 481

P. O. Address Kansas City, 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.