

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 23586
23586
2994

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Mo.		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 15 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS 1312 E. 25th.		2418 216	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. FULL NAME OF HOSPITAL OR INSTITUTION		d. FULL NAME OF HOSPITAL OR INSTITUTION		d. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Julia			b. (Middle)			c. (Last) Lewis	
5. SEX F			6. COLOR OR RACE C			7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH May 24-1903			9. AGE (In years last birthday) 47			10. IF UNDER 1 YEAR Months	
11. BIRTHPLACE (State or foreign country) Hillsdale Kans.			12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Edd Lewis		13b. MOTHER'S MAIDEN NAME Nettie Johnson		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME G. Hensel & Lewis		ADDRESS 695 1/2 Broadway Hillsdale, Mo.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Breast			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.			
				DUE TO (b) undetermined			
				DUE TO (c) ec			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. General Carcinomatosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-3, 1949, to 7/6, 1950, that I last saw the deceased alive on 7/6/50, and that death occurred at 9:10 PM, from the causes and on the date stated above.							
23a. SIGNATURE Elijah A. Walker (Degree or title) Elijah A. Walker M.D.				23b. ADDRESS 1820 W. 8th St. Kansas		23c. DATE SIGNED 7/7/50	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 7-10-50		24c. NAME OF CEMETERY OR CREMATORY Hillsdale		24d. LOCATION (City, town, or county) (State) Hillsdale Kans.	
DATE REC'D BY LOCAL REG. 2-8-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE G. Wilson & Son		ADDRESS Kansas Paola	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.