

8450

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

1378

FILED APR 5 1952		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) Days 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 1415 Holmes			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2				3. NAME OF DECEASED a. (First) John				b. (Middle) Lewis	
c. (Last) Lewis		4. DATE OF DEATH (Month) (Day) (Year) 3 22 52		5. SEX Male		6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 6, 1902		9. AGE (In years last birthday) 50		10. MONTHS Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Machine Shop		11. BIRTHPLACE (State or foreign country) Larned Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Clea Madison		14. NAME OF HUSBAND OR WIFE Marcia Lewis					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 510-10-7733		17. INFORMANT'S SIGNATURE OR NAME Marcia Lewis					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe clinical Uremia				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				446X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 (Month) (Day) (Year) (Hour) (m.)		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 3-17-52, 19__, to 3-22-52, 19__, that I last saw the deceased alive on 3-22-52, 19__, and that death occurred at 2:30 P. M., from the causes and on the date stated above.									
23a. SIGNATURE Frank Elliff MD				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 3-24-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-25-1952		24c. NAME OF CEMETERY OR CREMATORY —		24d. LOCATION (City, town, or county) (State) Larned, Kansas			
DATE REC'D BY LOCAL REG. 3-24-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Alice Bailey Funeral Home, K.C.K.					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

I hereby certify that the body ~~was~~ whose
name is recorded on the reverse side of this death
certificate was embalmed by me

Maynard C. Williams

his 4653