

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31720**
4004

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4004**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 40 yrs		d. STREET ADDRESS (If rural, give location) 1716 BENTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL # 2			

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) ***** c. (Last) LEWIS			4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 7, 1952		
5. SEX FEMALE 3	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2	8. DATE OF BIRTH JANUARY 1, 1882		9. AGE (In years last birthday) 70 if UNDER 1 YEAR: 8 Months 10 Days if UNDER 12 HRS: _____ Hours _____ Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) TEXAS /	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME JOHN MOORE		13b. MOTHER'S MAIDEN NAME HARRIETT ??????	
14. NAME OF HUSBAND OR WIFE ALEX LEWIS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	

17. INFORMANT'S SIGNATURE OR NAME NEAL MOORE		ADDRESS KANSAS CITY, MISSOURI	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) HYPERTENSIVE CARDIOVASCULAR DISEASE			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE			4200		

19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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 **8-29-52**, 19**52**, to **9-7**, 19**52**, that I last saw the deceased alive on **9-7**, 19**52**, and that death occurred at **5:00A.**, from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD (Degree or title) eli mo		23b. ADDRESS 600 E. 22ND STREET		23c. DATE SIGNED 9-9-52	
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24a. BURIAL, CREMATION, or other disposition buried		24b. DATE 9-10-52		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Kansas City Kansas	
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DATE REC'D BY LOCAL REG. 9-10-52		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Neal Moore		ADDRESS K.C. Mo	
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *L. M. Jones* _____

Licensed Embalmer No. *4429* _____

P. O. Address *2300 E. 2nd St* _____

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.