S. No. 300
v. 10.48

FILED OCT 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35877

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4916

1. PLACE OF DEATH
a. COUNTY: ~~Kansas City~~ Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital 53

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3609 Virginia 3538 0

3. NAME OF DECEASED (Type or Print)
a. (First): Lewis
b. (Middle): Edgar
c. (Last): GEORGE

4. DATE OF DEATH (Month) (Day) (Year): October 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 16, 1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Hardware Store
11. BIRTHPLACE (City and State or Foreign Country): Tupelo, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edgar George
13b. MOTHER'S MAIDEN NAME: Pauline (last name unknown)
14. NAME OF HUSBAND OR WIFE: Verna George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 455-09-6279
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: V.A. Hospital Records, Kansas City, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Subdural hemorrhage - accident 3:00 AM,~~ 9-27-53

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) SEE AFFIDAVIT ATTACHED

DUE TO (c) Had received a bump on head when car stopped suddenly. Had several falls at home at home on same day after receiving the bump on head.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 15 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: E9040 21
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near Swope Park
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City, Jackson, Mo. 123
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-27-53 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Sudden stop by driver who was alcoholic.

22. *I hereby certify that* VA *attended the deceased from* September 27 *19* 53, *to* October 12 *19* 53, ~~that I last saw the deceased alive on~~ ~~10~~ *and that death occurred at* 10:10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Otis H. True, M.D.
23b. ADDRESS: V.A. Hospital, Kansas City, Mo.
23c. DATE SIGNED: 10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: OCT. 12 1953
24c. NAME OF CEMETERY OR ~~CREMATORY~~: SUNNY LANE CEMETERY
24d. LOCATION (City, town, or county) (State): OKLAHOMA CITY, OKLAHOMA

DATE REC'D BY LOCAL REG.: 10-13-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: D.H. Meacomer's Sons, 1331 BRUSH CREEK, KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

ne 7212.

Dr. [illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward M. Stu

Licensed Embalmer No. 445

P. O. Address K.C., 10

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 35877

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 4916

On this 9th. day of December, 1953, before me appears Otis H. True, who, upon his oath, states that the original record of ~~birth~~ death for Lewis Edgar George, died ~~born~~ October 12, 1953, in the State of Missouri, and which was filed at Kansas City, Mo. on Oct. 13, 1953, should be corrected as follows:

Item No. 18-1c. should read --

Instead of Had received a bump on head when car stopped suddenly. Had several falls at home on same day after receiving the bump on head.

Item No. ..... should read .....

Instead of .....

Item No. 21a.to21f. should read Accident, in the home, Kansas City, Jackson, Mo. 9-27-53, not while at work, due to a fall.

Instead of accident, near swope Park Kansas City, Jackson, Mo. 9-27-53, not while at work, sudden stop by driver who was alcoholic.

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and ~~belief~~.

(SEAL)

Affiant Otis H. True
Relationship.

4601 Linwood Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 9th day of December, 1953.

My Commission expires 10-16-1956 Jean A Griffin Notary Public.