

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24399

FILED AUG 13 1947

Registrar's No. 3202

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2333 Swope Parkway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 28 Years (Specify whether  
In this community 28 Years  
years, months or days)

3. (a) PRINT FULL NAME Lewis B. Street

3. (b) If veteran, No name war. 3. (c) Social Security No. 486-07-1329

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lutie Pearl Street 6. (c) Age of husband or wife if alive \* years

7. Birth date of deceased 3 30 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 3 28 hr. min.

9. Birthplace Lawson, Ray County - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man Retired

11. Industry or business Corn Products Company

12. Name Matthew Dawson Street

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Margaret Berry  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. S. Irwin Thompson

(b) Address 5605 Rockhill Road

17. (a) Burial (b) Date thereof 7- 31-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 7-30-47 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2333 Swope Parkway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th.  
year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 25 1947 to July 28 1947  
that I last saw him alive on July 28 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary occlusion

Due to myocardial

decompensation.

Due to Chronic Arteriosclerosis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Rev. J. J. [illegible] (M. D. or other) DD

Address 3. E 39th St. Date signed 7/29/47

Dr. Charles G. Stephens  
252 Werby Bldg. 39th + Madison  
We 4415

1-5-8m-

### 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.

Signel

*Robert A. Hermann*

Licensed Embalmer No. *3700*

P. O. Address

*K. C. 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.**