

FILED MAR 11 1940

Registration District No. _____ 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:
4236 Michigan Avenue **20**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **35 Years**
years, months or days)

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. **4236 Michigan Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Mr. Lewis Lucius Sewell**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **496-16-2261**

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

6. (b) Name of husband or wife **Mrs. Sadie J. Sewell** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **June 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 **7** **25** hr. min.

9. Birthplace **Washington Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **United Beverage Co.**

MOTHER FATHER { 12. Name **John Sewell**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Lavina Moore**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leo C Sewell**
(b) Address **4236 Michigan**

17. (a) **Burial** (b) Date thereof **Feb. 26, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer's son**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **2-26-40** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **23rd** year **1940** hour **10** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **Jan 4-40**
to Feb 23, 1940, to _____, 19____;
that I last saw him alive on **2/23**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the liver + hemorrhage from the cancer**
Due to **Cancer**
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **no Autopsy**

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **F. C. Runney** (M. D. or other) _____
Address **311 Wiggle Blvd** Date signed **2/24-40**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

311 Virginia Blvd
W: 30-5430

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.

Signed George M. Collier

Licensed Embalmer No. 3839

P. O. Address D. C. Md.

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, above space should be left blank.