No. 2
-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1940 399

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27737

Primary Registration District No. 1002

Registrar's No. 3371

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:
General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-5-40-8-24-40 (Specify whether years, months or days)

In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits write "RURAL")

(d) Street No. 2455 Wabash
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: Lewis Sills 420

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Unknown

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 8 (Month) 2 (Day) 1848 (Year)

8. AGE: Years 92 | Months 0 | Days 23 | If less than one day _____ hr. _____ min.

9. Birthplace: Nash County (City, town, or county) N. Carolina (State or foreign country)

10. Usual occupation: none

11. Industry or business: _____

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: Maria Kithel
15. Birthplace: _____ (City, town, or county) N. Carolina (State or foreign country)

16. (a) Informant: Record Clerk
(b) Address: General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Ridge Cem

18. (a) Signature of funeral director: Julius A. K. Sicklin
(b) Address: 1212 Vine

19. (a) Aug. 27, 1940 (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 24 year 40 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 8-5-40, 19__, to 8-24-, 19 40, that I last saw h. 1m alive on 8-24-, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Due to: Hypostatic Broncho Pneumonia

Due to: 10/a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN — 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? _____ (Specify type of place) (e) Means of injury _____

23. Signature: [illegible] (M. D. or other)
Address: Gen's Hosp. #2 Date signed 8-26-40

(Licensed Embalmer's Statement on Reverse Side)

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 Napoleon Jordan, Registered Apprentice No. _____ working under my personal supervision.

Signed Julius C. Fecklin

Licensed Embalmer No. 2229

P. O. Address KC Mo

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

If this body is not embalmed, above space should be left blank.