

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9220

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 1297

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: 30 Highway and Blue River  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No (Specify whether  
In this community 18 yrs. years, months or days)

3. (a) PRINT FULL NAME CLARENCE DALE LEWIS

3. (b) If veteran, name war WW II 3. (c) Social Security X No 491-22-1872

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Div. 3  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive                      years  
7. Birth date of deceased 3/21/1910 (Month) (Day) (Year)

8. AGE: Years 36 Months 11 Days 27 If less than one day                      hr.                      min.

9. Birthplace Dover, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business //

12. Name Patrick Henry Lewis

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

14. Maiden name Elsie Jane Parker

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

16. (a) Informant Wm. Lewis

(b) Address 3539 Harris, No. K. C.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem

18. (a) Signature of funeral director John P. Skire

(b) Address Kansas City, Mo

19. (a) 3-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson Clay  
(c) City or town North Kansas City (If outside city or town limits, write "RURAL")  
(d) Street No. 3539 Harris, No. K. C. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country                     

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18 year 1947 hour 6:30 minute a M.

21. I hereby certify that I attended the deceased from                      19                      to                      19                      that I last saw h.                      alive on                      and that death occurred on the date and hour stated above.

Immediate cause of death Auto Trauma & Duration                     

Due to Drowning

Due to hit sailing on bridge throwing car into river

Other conditions                      (Include pregnancy within 3 months of death)

Major findings: 1706' 8 Of operations 27

Of autopsy yes as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 3-18-47 12:30

(c) Where did injury occur? K.C. Jackson mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place? public place

(Specify type of place) auto, room

While at work? no (e) Means of injury drowning

23. Signature James H. Walker (M.D. or other)                     

Address 1824 N. W. 11th Date signed 3-18-47

YS MAR 25 1960

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**