

25 1940

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 48 yrs
years, months or days8. (a) PRINT FULL NAME PERCY EDUARNE LEWIS8. (b) If veteran, name war _____ 8. (c) Social Security No. 64. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife Lewis 6. (c) Age of husband or wife if alive 38 years7. Birth date of deceased June 25 1892
(Month) (Day) (Year)8. AGE: Years 48 Months 1 Days 22 If less than one day _____ hr. _____ min.9. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)10. Usual occupation Veterinary11. Industry or business Self12. Name Edward L Lewis13. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)14. Maiden name Penrose Green15. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edward L Lewis(b) Address Marshall Mo17. (a) Interment (b) Date thereof 8-12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Saline Co Mo18. (a) Signature of funeral director F. P. Ferguson(b) Address Marshall Mo19. (a) 8-17-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline(c) City or town Marshall
(If outside city or town limits, write "RURAL")(d) Street No. 417 Lincoln
(If rural, give location)If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 16
year 1940 hour 11 minute 00 AM.21. I hereby certify that I attended the deceased from held
inquest, 1940, to Aug. 16 - 19.40
that I last saw h alive on _____, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Skull crushed
in collision between
a loaded truck and a car. Duration _____Due to ✓Due to ✓Other conditions ✓
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy none

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) accidental(b) Date of occurrence Aug. 16 - 1940(c) Where did injury occur? near Marshall Mo
(City or town) (County) (State)(d) Did injury occur in or about home or farm in industrial place, in public place?
no. on highway
(Specify type of place) (a) Means of injury _____While at work? no23. Signature B. C. Bradshaw (M. D. or other) noAddress Arrow Rock Mo. Date signed 8-16-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-12-40

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 F. D. Ferguson
Licensed Embalmer No. 2172
P. O. Address Marshall

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.

He have
tried unsuccessfully
to get a social, even been
security. He has not
been able to find out
what he should do
but he shall continue
to work on this
and I shall continue
to work on this
and I shall continue

5-29769
Registration
Aug 16-1940