REC'D APR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10157
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, 1 Registration District No. 85
(b) Township 2 Primary Registration District No. 1001 Registered No. 295
(c) City St. Joseph, 2 (d) Street No. St. Joseph's Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Lewis, 200
(a) Residence, No. St. Shubert, Nebr.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Daniel D. Lewis,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 4, 1876
7. AGE: YEARS 61, MONTHS 6, DAYS 6. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home,
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany, 6

FATHER
13. NAME: William Poppa,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany, 6

MOTHER
15. MAIDEN NAME: Unknown, 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany,

17. INFORMANT (ADDRESS): Daniel D. Lewis, Shubert, Nebr.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Shubert, Nebr. DATE March 10, 1938
19. FUNERAL DIRECTOR (ADDRESS): Heaton-Bergale & Bowman, 319 So. 10th. Str. Funeral Home
20. FILED 3/10, 1938 H. J. Heathbush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 10, 1938
22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 1938, to 3-10-, 1938
I last saw her alive on 3-9-, 1938. Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction (Old postoperative adhesions)	1920
122 B2	

Other contributory causes of importance:
Operation for adhesions & obstruction

Name of operation: Synechotomy Date of 3-4-38
What test confirmed diagnosis? Operative Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Paul Forgrave, M. D.
(Address) St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self - 3/10/38

L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007.

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