

1357 MAY 22 1939

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

15604  
Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 601  
(b) Township Richland Primary Registration District No. 3196  
(c) City..... (d) Street No..... Registered No. 7  
(e) Length of residence in city or town where death occurred 2 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. Mary Carolene Lewis  
Morgan County, Mo. St. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1938  
7. AGE YEARS MONTHS Days If LESS than 1 day, ..... hrs. or ..... min.  
8 2

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) Bothwell Hospital  
Sedalia, Missouri

FATHER  
13. NAME Ralph O. Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence  
Missouri

MOTHER  
15. MAIDEN NAME Ruth Brunkhorst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence  
Missouri

17. INFORMANT (ADDRESS) Ralph O. Lewis  
Florence, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem Church DATE 4-10-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parker Funeral Service  
Otterville, Mo.

20. FILED Apr 10, 1939 Mr. Arthur Schober  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9, 1939  
22. 4-8 HERBY CERRY, That I attended deceased from 39 to 4-9-39, 19...  
I last saw her alive on 4-9-39, 19... Death is said to have occurred on the date stated above, at 3 1/2 a.m.  
The principal cause of death and related causes of importance were as follows:

Intussusception

Other contributory causes of importance: 12 1/2 hr

Name of operation Intussusception Date of No  
What test was made? None 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) E. H. Brown, M. D.  
(Address) Mountain No.

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.

Miss Lucy  
Schmidt

Frank's Home  
Cemetery  
Franklin, Tenn  
Memorial Park  
at Knoxville

RECEIVED  
District Health Officer No. 7,  
District File Number 7-39-77  
Date Filed 5-9-29

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.....

*myself*  
working under my personal supervision.

Registered Apprentice No.....

Signed *L. F. Parker*

Licensed Embalmer No. 3840

P. O. Address *Otterville, Mo*

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.