

DEC'D SEP 14 1939

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

29402

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township _____ Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. St. John'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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

9570 Elaney G. Lewis
(a) Residence, No. 2217 Virginia 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. M.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 4 18
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) Superior Wisconsin
13. NAME Gilbert Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Marion ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Claude C. Lewis 2217 Virginia, Joplin
18. PLACE OF REMOVAL OR REMOVAL DATE Cherryvale, Kas 8-28-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Reynolds Mortuary Joplin, Missouri
20. FILED 8-25-39 Ed D. Jarne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1939
22. I HEREBY CERTIFY, That I attended deceased from 8-22-39 to 8-25-39
I last saw him alive on 8-25-39 Death is said to have occurred on the date stated above, at 10:50 a.m.
The principal cause of death and related causes of importance were as follows:
Fract. h. femur Date of onset _____
Shoos clapping
retention
Other contributory causes of importance:
Name of operation Reduction Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? _____
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?
If so, specify _____
(Signature) J. D. Jarne M. D.
(Address) Joplin, Mo.

RECEIVED

District Health Officer No. 6,

District File 939-1835

Date Filed SEP 8 1939

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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. M. Jones

Licensed Embalmer No. 2319

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Joplin Primary Registration District No. 2002 Registered No. _____
 (c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 7 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME: Elmer G. Lewis
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 4 18
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Robert L. Lewis Date of onset _____
Resection
 following Resection
 Other contributory causes of importance: 1939

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____
 19. FUNERAL DIRECTOR (ADDRESS) _____
 20. FILED 8-25-1939 Ed Thomas Local Registrar.

Name of operation Resection Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide _____ Date of injury 8-20-39
 Where did injury occur? Joplin Mo. res. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury fract. hip due to fall
 Nature of injury fract. hip
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Ed Thomas, M. D.
 (Address) Joplin Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

