

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 39554Registration District No. 214Primary Registration District No. 8418

Registrar's No. _____

1. PLACE OF DEATH

- (a) County Franklin Rural
 (b) City or town Prairie
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none.

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community. 32 1/2 hours. years, months or days)

3. (a) PRINT FULL NAME Unnamed - Lewis3. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced 56. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased 11-20-1939
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days 1 If less than one day 8 hr. 30 min.9. Birthplace Lansdale no
(City, town, or county) (State or foreign country)10. Usual occupation none11. Industry or business none12. Name Howard Lewis13. Birthplace Irvington no
(City, town, or county) (State or foreign country)14. Maiden name Wanda Huff15. Birthplace Lansdale no
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Howard Lewis(b) Address Lansdale17. (a) Burial (b) Date thereof 11-22-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Dec 9, 1939 (b) M. H. Duckworth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin(c) City or town Rural(d) Street No. Prairie Township
(If rural, give location)(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1939 hour 7 minute P. M.21. I hereby certify that I attended the deceased from 11-20 to 11-21, 1939that I last saw her alive on 11-20, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

PneumoniaDue to Seven (7) months

Due to _____

Other conditions (include pregnancy within 3 months of death) 154

Major findings: _____

Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

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

While at work? _____ (Specify type of place)

23. Signature W. E. Mitchell (M. D. or other)Address S/- Clairway Date signed 11/21/39

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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..... *Shirley Kitchell*
Licensed Embalmer No. *3873*
P. O. Address..... *St Clair 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.