

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.

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 103

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town WASHINGTON - Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether years, months or days)
 In this community 85-yrs. 9 mo. 16 days.

3. (a) PRINT FULL NAME LEWIS R. HEWETT 3rd
 8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex MALE 5. Color or race White
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife Etolia Hewett
 6. (c) Age of husband or wife if alive DEAD years
 7. Birth date of deceased MARCH 13 1854
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 1 ✓ hr. ✓ min.

9. Birthplace MIAMI - Mo -
 (City, town, or county) (State or foreign country)

10. Usual occupation R.R. Telegrapher

11. Industry or business Rock Island - Railroad

12. Names James Harvey Hewett

13. Birthplace Georgetown Kentucky
 (City, town, or county) (State or foreign country)

14. Maiden name Ananda Brock

16. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter S Reed
 (b) Address Ellon Mo

17. (a) Bethel Cemetery (b) Date thereof 12-16-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labadie - Mo

18. (a) Signature of funeral director Nichols & Witt Inc
 (b) Address Washington Mo. 29th

19. (a) Dec. 15-1939 (b) H.A. May
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town Labadie Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. ✓
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 14
 year 1939 hour 7 P.M. minute — M.
 21. I hereby certify that I attended the deceased from Nov. 10, 1939, 19— to Dec. 14, 1939
 that I last saw him alive on 12/14/39, 19—;
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Chronic myocarditis unknown

Due to ✓
 Due to ✓
 Other conditions (include pregnancy within 3 months of death) 93C

PHYSICIAN
 Major findings:
 Of operations —
 Of autopsy —
 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) —
 (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) (a) Means of injury —

23. Signature J. J. Tow (M. D. or other) !
 Address Washington, Missouri Date signed 12/15

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 *me*

....., Registered Apprentice No. *7*

working under my personal supervision.

Signed

A. Wilburg

Licensed Embalmer No. *2387*

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.