

**FILED MAR 11 1940**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **138**

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 706 Woodson ; 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 yrs  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 706 Woodson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME SAMUEL FOREST LEWIS

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Eugle Lewis 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased December 18 1905  
(Month) (Day) (Year)

8. AGE: Years 34 Months 1 Days 15 If less than one day  
hr. min.

9. Birthplace Troy, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business W.P.A.

12. Name Samuel Lewis

13. Birthplace Troy, Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Emelie J. Miller

15. Birthplace Troy, Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Lewis  
(b) Address 706 Woodson

17. (a) Burial (b) Date thereof 2 5 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waltham - Kansas

18. (a) Signature of funeral director H. L. Davis  
(b) Address Waltham - Kansas  
19. (a) Feb. 13, 1940 (b) H. J. Hattler  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 3  
year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 9  
1940 to Feb. 3 1940  
that I last saw him alive on Jan. 26 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Melano sarcoma of lung, metastatic

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None  
Of autopsy no

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? \_\_\_\_\_

85 While at work? (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Edward W. W. Craig (M. D. or other) MD  
Address St. Joseph, Mo Date signed 2-6-40

Duration \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

5.  
Mr. [unclear] [unclear]

**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 *H. S. Saddy* .....

Licensed Embalmer No. *3023.* .....

P. O. Address *Waltham - Kansas* .....

**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.**