

Registration District No. 461

Primary Registration District No. 5624

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community Life  
years, months or days 2470

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Lafayette

(c) City or town Lexington  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME FRANK LARSH LEWIS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24  
year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from June 1936  
\_\_\_\_\_, 19\_\_\_\_, to April 24, 1940

4. Sex ma

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Myrtle Lewis

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: Dec. 3 - 1869  
(Month) (Day) (Year)

that I last saw h. alive on April 24, 1940, at \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration \_\_\_\_\_

8. AGE: Years 70 Months 4 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Alma MO  
(City, town, or county) (State or foreign country)

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

Major findings: Of operations \_\_\_\_\_

Of autopsy no

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Jonas J. Lewis

13. Birthplace W. Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Larsh

15. Birthplace Alma MO  
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) no

(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? no

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature Jesse Lewis

(b) Address Lexington MO

17. (a) Rural (b) Date thereof April 24 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington MO

18. (a) Signature of funeral director W. W. ...

(b) Address Lexington MO

19. (a) May 8/40 (b) Della Bates  
(Date received local registrar) (Registrar's signature)

23. Signature B. H. Brasher MD (M. D. or other) \_\_\_\_\_

Address Lexington MO Date signed 5/9/40

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

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.

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

*Brooker*

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed *5/10/40*

**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 *Geo A McKean*  
\_\_\_\_\_  
Licensed Embalmer No. *1983*

P. O. Address *Levington, Tex.*

**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.**