

S. No. 2
-11-10-39
5-17-39
P-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15780

FILED MAY 17 1940

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 154

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution:
916 W. 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 52 yrs. years, months or days

3. (a) PRINT FULL NAME POLLY LEWIS 201

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race CUL

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 5 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>67</u>	<u>5</u>	<u>18</u>	hr. _____ min. _____
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9. Birthplace PETTIS COUNTY Mo. B
(City, town, or county) (State or foreign country)

10. Usual occupation DOMESTIC SERVANT

11. Industry or business _____

MOTHER FATHER

12. Name JACK LEWIS

13. Birthplace _____ Mo. O
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs B. E. Broadness

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 4-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bur

(b) Address Sedalia Mo

19. (a) 4-23-40 (b) Mrs Harry Sneed
(Date buried local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS

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

(d) Street No. 916 W. 5
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 23 year 1940 hour _____ minute 40 M.

21. I hereby certify that I attended the deceased from March 10, 1940, to April 23, 1940
that I last saw her alive on April 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
apoplexy

Duration 2 weeks

Due to arterio sclerosis + hypertension several
years

Other conditions _____
(Include pregnancy within 3 months of death) SAW

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
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) 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? NO (Specify type of place) _____
(e) Means of injury _____

23. Signature near Sedalia (M. D. or other) _____
Address Sedalia Mo Date signed 4/26/40

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-15-70

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.....

Licensed Embalmer No.....

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.