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11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18608

State File No. \_\_\_\_\_

Registration District No. 390

Primary Registration District No. 5575

Registrar's No. 910

1. PLACE OF DEATH:

(a) County IRON

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

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

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI

(b) County IRON

(c) City or town SABULA  
(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.

3. (a) PRINT FULL NAME CARRIE LOU LEWIS 2nd

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

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

4. Sex FEMALE 5. Color or race WHITE

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 MARCH 23 1934  
(Month) (Day) (Year)

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

6 1 3 hr. min.

9. Birthplace SABULA MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation SCHOOL

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

MOTHER FATHER

12. Name WALTER LEE LEWIS

13. Birthplace BRUNT MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name ETHEL WHITE

15. Birthplace ANNAPOLIS MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. WALTER LEE LEWIS

(b) Address SABULA MISSOURI

17. (a) Burial (b) Date thereof April 28 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SABULA

18. (a) Signature of funeral director Walter Lewis

(b) Address \_\_\_\_\_

19. (a) 6/8/40 (b) W. B. Lewis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th  
year 1940 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 29  
1940, to April 26, 1940  
that I last saw her alive on April 23rd, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephrosis

Due to acute nephritis

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

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: none done

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? \_\_\_\_\_

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

23. Signature C. McFitzpatrick (M. D. or other) \_\_\_\_\_  
Address Centerville, Mo Date signed 4/27/40

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

10

**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.....

..... 4/26/48 ....., Registered Apprentice No.....  
working under my personal supervision.

Signed Geo. P. Leuchel

Licensed Embalmer No. 3475

P. O. Address Fronten 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.

94/