

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1918

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.

FILED JUN 14 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF PUBLIC HEALTH

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18954  
State File No. \_\_\_\_\_  
Registrar's No. 141

Registration District No. 53 Primary Registration District No. 516 Registrar's No. 141

1. PLACE OF DEATH:  
(a) County Macon  
(b) City or town Middle Fork Twp  
(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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Ella Lewis  
3. (b) If veteran, name war None 3. (c) Social Security No. Mo.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan 25 — 1854  
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation house-keeper

11. Industry or business \_\_\_\_\_  
12. Name James Adkins  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Malinda Edwards  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Herman Davolt  
(b) Address R R Macon Mo

17. (a) burial (b) Date thereof Apr 6 - 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friendship Ch. Cem.  
18. (a) Signature of funeral director Albert Skinner  
(b) Address macon Mo

19. (a) June 9, 1940 Bela King  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Macon  
(c) City or town Middle Fork Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 miles East of Macon  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr day 3  
year 1940 hour 11 P minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 31, 1940, to April 3, 1940  
that I last saw her alive on March 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
Due to Arterio-Sclerosis Cerebri

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

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

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

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

23. Signature J J Turner (M. D. or other) \_\_\_\_\_  
Address macon Date signed 4-23-40

Duration 3/24/40  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 10

District File Number 6-70-1123

Date Filed JUN 7 1940

---

---

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 George P. Hile

Licensed Embalmer No. 4066

P. O. Address Mason, 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.