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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19065

Registration District No. 592 Primary Registration District No. 5790 Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Montgomery Mo

(b) ~~City or town~~ Near Montgomery City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 years, months or days) 31.7

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Rural Near Montgomery City
(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 LEWIS NELSON PETRIS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Black

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

6. (b) Name of husband or wife Mrs Lewis Petris

6. (c) Age of husband or wife if alive about 70 years

7. Birth date of deceased Nov (Month) 6 (Day) 1865 (Year)

8. AGE: Years 74 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Montgomery Co Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 9

FATHER
12. Name Mitchell Petris
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriot Petris
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Darnell Petris

(b) Address Montgomery City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cemetery 592

18. (a) Signature of funeral director J. A. Marlow

(b) Address Montgomery City Mo

19. (a) May 15, 40 (Date received local registrar) (b) Buell Wilfrey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1940 hour 5 minute a M.

21. I hereby certify that I attended the deceased from Jan 26th, 1940 to May 14, 1940 that I last saw him alive on April 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 Mos
Left Hemiplegia	
Due to Hypertensive Cardio Vascular Disease	Years
Due to Chr Myocarditis & Chr Nephritis	Years
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. J. T. Andersen (M. D. or other) M.D.

Address Montgomery City Mo Date signed 5/14/40

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph A. Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery Ala.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.