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-39  
K29189

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21185

State File No. ....

Registration District No. 1042

Primary Registration District No. 4041

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Centralia  
(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 Boone  
(c) City or town Centralia, Mo.  
(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

Lernea May Lewis

(b) If veteran, name war \_\_\_\_\_ (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 June 2 1940  
(Month) (Day) (Year)

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

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

10. Usual occupation Child

11. Industry or business Child

12. Name Mr. Clay Lewis

13. Birthplace Boone Co. MO  
(City, town, or county) (State or foreign country)

14. Maiden name Edna Irene Rufford

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

16. (a) Informant Mr. Clay Lewis  
(b) Address Centralia, Mo.

17. (a) Burial (b) Date thereof July 1 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Centralia, Mo. Bur.

18. (a) Signature of funeral director M. D. Medwood  
(b) Address Centralia, Mo.  
19. (a) 7/1-1940 (b) F. W. Barber, MO.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1940 hour 12:30 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 30  
1940, to July 1, 1940  
that I last saw her alive on July 1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-respiratory Failure  
Due to Convulsions  
Due to Acute Intestinal Obstruction  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 157A  
Of autopsy \_\_\_\_\_

Duration

3 1/2 hrs

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) \_\_\_\_\_  
(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? 30 3  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. B. Bestmann (M. D. or other) D.O.  
Address Centralia, Mo. Date signed 7/1/40

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

**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

*J. J. McDaniel*

Licensed Embalmer No.

*2589*

P. O. Address

*Centralia 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, fact should be so stated above.**