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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22626

State File No. _____

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly Mo
(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 Randolph

(c) City or town Moberly Mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 106 N Morley 12 mi. South of
(If rural, give location) Moberly

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

3. (a) PRINT FULL NAME Elmer Lewis 200

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 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 Dec 13 1915
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>24</u>	<u>6</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name C. R. Lewis

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

14. Maiden name Nettie Purdy

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

16. (a) Informant C. R. Lewis

(b) Address Higbee Mo

17. (a) Burial (b) Date thereof June 29 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Joe W. Burton

(b) Address Higbee Mo

19. (a) June 28-40 (b) Seal Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1940 hour II minute 30 P. M.

21. I hereby certify that I attended the deceased from _____
Coroner base 19____ to _____ 19____;

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of head instantly

Duration _____

Due to _____

Due to _____ 107

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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) Suicide

(b) Date of occurrence June 26

(c) Where did injury occur? 108 N. Morley St. Moberly, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Private residence but not in front

While at work? No (Specify type of place) (e) Means of injury shotgun

23. Signature E. H. Shrader (M. D. or other) Coroner

Address Moberly, Mo. Date signed 6-27-40

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

RECEIVED

District Health Officer No. 10

District File Number 7-40-1460

Date Filed JUL 15 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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Carl Roberson

Licensed Embalmer No. 4401

P. O. Address Wigbe, Md

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.