

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

28088
Do not use this space.

1. PLACE OF DEATH
 (a) County Butler Registration District No. 2
 (b) Township Clark Hill Primary Registration District No. 89 5140
 (c) City Butler (d) Street No. 348007 Registered No. 235
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 2. PRINT FULL NAME JAN BRADY WESLEY LEWIS
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 10 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradley, Mo.
 FATHER 13. NAME Clarence Lewis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo.
 MOTHER 15. MAIDEN NAME Vicky Bell Ohio
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo.
 17. INFORMANT (ADDRESS) Clarence Lewis
Butler Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Clark Hill DATE 8-4 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jessell
Butler Mo.
 20. FILED 8/4 1940 W. D. Whitinger
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3 1940
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw him alive on 8/3 1940 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Dysentery 38
acute colitis 8/5-40
 Other contributory causes of importance:
Malaria Fever 7/10-40
 Name of operation _____ Date of _____
 What test confirmed diagnosis: history Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. D. Whitinger M.D.
 (Address) Butler Mo.

Date of onset
<u>7/29-40</u>
<u>8/5-40</u>
<u>7/10-40</u>

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.