

25 1940

796

3038

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(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
In this community 48 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 417 Lincoln
(If rural, give location)
If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME PERCY EURINE LEWIS

3. (b) If veteran, name war. 3. (c) Social Security No. 6

20. DATE OF DEATH: Month Aug, day 16
year 1940 hour 11 minute 00 AM.

21. I hereby certify that I attended the deceased from birth
inquest, 19 , to Aug. 16, 1940
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Skull crushed
in collision between
a loaded truck and a car. Duration

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lewis 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased June 25 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Veterinary

11. Industry or business Self

MOTHER FATHER
12. Name Edward L Lewis
13. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Hennessy Green
15. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward L Lewis
(b) Address Marshall Mo

17. (a) Interment (b) Date thereof 8-18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Saline Co Mo

18. (a) Signature of funeral director F. P. Ferguson
(b) Address Marshall Mo

19. (a) 8-17-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accidental
(b) Date of occurrence Aug. 16-1940
(c) Where did injury occur? near Marshall Mo
(City or town) (County) (State)
(d) Did injury occur in or about home or farm in industrial place, in public place?
no. on highway
While at work? no (Specify type of place) (a) Means of injury

23. Signature B. C. Bradshaw (M. D. or other)
Address Arrow Rock Mo Date signed 8-16-40

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-12-40

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 F. D. Ferguson
Licensed Embalmer No. 2172
P. O. Address Marshall

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.

He have
tried unsuccessfully
fully, as social, even been
to get, a social, even been
security, no one, not think if
able to find out, but for certain if
he has one, but for that he
should work on this, shall continue
all my R. int
R. Registrar

5-29-69
Aug 16-1940