

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31492**

Registration District No. **221940** Primary Registration District No. **0-120**

Registrar's No.

1. PLACE OF DEATH  
(a) County **Buchanan**  
(b) City or town **Tremont**  
(c) Name of hospital or institution: **Agency Mo**  
(d) Length of stay: In hospital or institution **all of life**  
In this community **all of life**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **Agency Mo**  
(d) Street No. **Tremont** **Township**  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Nancy Margaret Lewis**  
(b) If veteran, name war **✓**  
(c) Social Security No. **✓**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
(b) Name of husband or wife **J. L. Lewis** (c) Age of husband or wife if alive **16** years  
7. Birth date of deceased **December 16 1846**

8. AGE: Years **93** Months **7** Days **16** If less than one day hr. min.

9. Birthplace **Platte County Mo**

10. Usual occupation **houseman**

11. Industry or business  
12. Name **A. J. Higgins**  
13. Birthplace **Mo**  
14. Maiden name **Susan Gregg**  
15. Birthplace **Mo**

16. (a) Informant **A. J. Stagg**  
(b) Address **Agency Mo**  
17. (a) **Burial** (b) Date thereof **Aug 4, 1940**  
(c) Place: burial or cremation **Agency Cemetery**

18. (a) Signature of funeral director **W. J. Sullivan**  
(b) Address **Garner, Mo**  
19. (a) **Aug 3-1940** (b) **Lucy Donnell**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **August** day **2** year **1940** hour **12:00** minute **P. M.**

21. I hereby certify that I attended the deceased from **July 31, 1940** to **Aug 2, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
Due to **Arterio-sclerosis**  
**Hypertension**  
Due to **Smoking**  
Other conditions **STW**

PHYSICIAN  
Major findings:  
Of operations:  
Of autopsy:

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature **Maxwell Day** (M. D. or other)  
Address **St Joseph Mo** Date signed **Aug 3**

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 W. A. Sullivan  
Licensed Embalmer No. 1738  
P. O. Address Gower, 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, above space should be left blank.**