

17-39
X21492

Registration District No. **47** Primary Registration District No. **45 3A** Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Pataskia
(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) 20
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Edward Lewis
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife child 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 23 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 7 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____
12. Name Margal Lewis
13. Birthplace Washington Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margal Faulster
15. Birthplace Washington Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Margal Lewis
(b) Address Pataskia Mo

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof Sept 13 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Shirley Mo

18. (a) Signature of funeral director Sparks
(b) Address Pataskia Mo

19. (a) Sept 15 40 (b) F. Beasdale
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ward
(c) City or town Pataskia
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 1940
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Sept 12 1940
_____ 19 _____ to Sept 12 1940 1940
that I last saw him alive on Sept 12 1940 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Infantum
Due to _____
Due to _____

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

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? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
CA While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Samuel R. Barwood (M. D. or other) 19/13/40
Address Pataskia, Mo Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.