

Registration District No. 804 Primary Registration District No. 60494483 Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Schuyler
 (b) City or town Green Top Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
 (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) (Specify whether
 years, months or days) 2

8. (a) PRINT FULL NAME Sarah Cornelia Lewis8. (b) If veteran, name war None 8. (c) Social Security No. _____4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years7. Birth date of deceased 6 6 1860
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80 5 20 hr. min.9. Birthplace Schuyler Co MO
 (City, town, or county) (State or foreign country)10. Usual occupation House Ward 011. Industry or business None ?12. Name David Briggs 118. Birthplace West Knoxville
 (City, town, or county) (State or foreign country)14. Maiden name Louisa Seaman15. Birthplace Rien
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Grace Lewis(b) Address Green Top Mo17. (a) Burial (b) Date thereof Nov 28 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fort Madison Cem18. (a) Signature of funeral director Wm St West(b) Address Quincy Mo19. (a) Nov 28 (b) Wm St West
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Schuyler
 (c) City or town Green Top Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 26
 year 1940 hour 4 minute P. M.21. I hereby certify that I attended the deceased from Sept
28, 1939 to Nov 26, 1940
 that I last saw her alive on Nov 24, 1940
 and that death occurred on the date and hour stated above.Immediate cause of death _____ Duration 14 monthsCancer of Cervix & Uterus

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

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) _____

(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? 4

While at work? _____ (Specify type of place)

(a) Means of injury _____

28. Signature Chas W. Paul (M. D. or other) _____Address Green Top Mo Date signed _____

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 myself

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

Signed

Wm A West

Licensed Embalmer No.

2882

P. O. Address

Queens City 4115

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.