

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **41766**
 Registrar's No. **46**

Registration District No. **53** Primary Registration District No. **3005**

1. PLACE OF DEATH:
 (a) County **Bates**
 (b) City or town **Rich Hill - 4th Street**
 (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) **2**
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **38 yrs**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Bates**
 (c) City or town **Rich Hill Mo.**
 (If outside city or town limit, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **ARTHUR A. LEWIS**
 (b) If veteran, name war _____ (c) Social Security No. **490-16-8672**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **6th**
 year **1940** hour **8** minute **55** M.

4. Sex **male** **5. Color or race** **white**
6. (a) Single, widowed, married, divorced **Etta**
6. (b) Name of husband or wife **Etta** **6. (c) Age of husband or wife if alive** **52** years
7. Birth date of deceased **May 18 - 1884**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 11, 1940**, to **Dec 6, 1940**;
 that I last saw him alive on **Dec 6, 1940**
 and that death occurred on the date and hour stated above.
 Immediate cause of death: **James J. Bean, M.D.**
 Duration

8. AGE: Years **56** Months **6** Days **6** If less than one day
 hr. **0** min. **0**

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.

9. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

11. Industry or business
12. Name **James Lewis**
13. Birthplace **Mo.**
 (City, town, or county) (State or foreign country)
14. Maiden name **Anna Corder**
15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Etta Lewis**
 (b) Address **Rich Hill**
17. (a) Burial (b) Date thereof **Dec 8 - 40**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Green Lawn - Rich Hill**

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?
 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director **Booth Funeral Home**
 (b) Address **Rich Hill, Mo.**
19. (a) Dec. 9, 1940 (b) **Clayton J. Allen, M.D.**
 (Date received local registrar) (Registrar's signature)

23. Signature **James J. Bean** (M.D. or other)
 Address **Rich Hill, Mo.** Date signed **Dec 11, 1940**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7
0
0

5

RECEIVED

District Health Officer No. 7,

District File Number 1-41-67

Date Filed 1-10-41

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

John B. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.