

Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **132**

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

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Boonville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Dr. Alex VanRavenwaay Hospital.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days.**
In this community **Life.** (Specify whether years, months or days) **1**

8. (a) PRINT FULL NAME **William Lewis.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased **November 16" 1853**
(Month) (Day) (Year)

8. AGE: Years **87** Months **29** Days **29** If less than one day hr. min.

9. Birthplace **Cooper County, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer.**

11. Industry or business -----

12. Name **Jesse Lewis.**

18. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)

14. Maiden name **Amelia McMahan.**

15. Birthplace **Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Homer Watson,**
(b) Address **Boonville, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 17" / 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **McMahan Cem. Near Lamine**

18. (a) Signature of funeral director **Goodman & Ball**
(b) Address **Boonville, Mo.**

19. (a) **12-17-40** (b) **D. S. Hooper**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**
(c) City or town **Boonville**
(If outside city or town limits write "RURAL")
(d) Street No. ----- (If rural, give location) **0**
(e) If foreign born, how long in U. S. A. ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **15th.**
year **1940** hour **8** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **12-14-**
1940 to **12-15**, 19**40**
that I last saw him alive on **12-15**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death -----

Chronic Nephritis ?

Due to -----

Due to -----

Other conditions **Terminal Pneumonia**
(Include pregnancy within 3 months of death)
from exposure

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? -----

(Specify type of place) ----- (e) Means of injury -----

23. Signature **Hubert J. Wells** (M. D. or other) **1**

Address **Boonville, Mo** Date signed **12-17-40**

Duration

?

24 hrs.
PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1-8-41

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 G. F. Baller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.