

Registration District No. **712**

Primary Registration District No. **4429**

Registrar's No. **29**

**1. PLACE OF DEATH:**

(a) County Pulaski  
(b) City or town Richland  
(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)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days) 2

3. (a) PRINT FULL NAME James Buchanan 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 Married

6. (b) Name of husband or wife Amanda Lewis 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 10 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 2 20 hr. \_\_\_\_\_ min.

9. Birthplace Laquey, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business \_\_\_\_\_

12. Name Dennis Lewis

13. Birthplace Wisconsin  
(City, town, or county) (State or foreign country)

14. Maiden name Blender Carnes

15. Birthplace Quincey Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Amanda Lewis

(b) Address Richland, Missouri

17. (a) Burial (b) Date thereof 1 1 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Richland, Missouri

19. (a) Dec 30, 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pulaski  
(c) City or town Richland  
(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 12 day 30  
year 1940 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 27, 1940, to Dec 30, 1940;

that I last saw him alive on Dec 29, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Shock from falling over chair in his home

Due to Infirmities of old age

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 186 W

Major findings: Of operations 15

Of autopsy none

Duration

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) Accident

(b) Date of occurrence Dec 27, 1940

(c) Where did injury occur? In his home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature [Signature] (M. D. or other) 1

Address Richland MO. Date signed 12/30/40

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

SEP 16 1942

HAFU

RECEIVED

District Health Officer No. 5,

District File Number 17180

Date Filed .....

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 RB Deeper .....

Licensed Embalmer No. 3198 .....

P. O. Address Richland .....

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.