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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6745

State File No. \_\_\_\_\_

FILED MAR 19 1941

Registration District No. 218

Primary Registration District No. 4131

Registrar's No. 30

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BLACKWATER  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community LIFE years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27

(c) City or town BLACKWATER 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULLNAME MRS SARAH ELIZABETH LEWIS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife THOMAS J. LEWIS

6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased JANUARY 9 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 1 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace COOPER COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name JOHN STEELE

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

14. Maiden name ELIZABETH BURNETT

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

16. (a) Informant MRS CAMMIE LEUCKERT

(b) Address BLACKWATER MISSOURI

17. (a) BURIAL (b) Date thereof MARCH 7 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD LAMINE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE MO.

19. (a) 3-8-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 5th  
year 1941 hour 6:45 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Jan 26, 1940, to Mar 5, 1941, that I last saw her alive on Mar 5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

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

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

Other conditions Arterial Hypertension  
(Include pregnancy within 3 months of death) Edema of lungs

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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? \_\_\_\_\_

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

23. Signature [Signature] (M-D, or other) D.O.  
Address Blackwater Mo Date signed 3-6-41

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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*James W. Segner*

Licensed Embalmer No. *3780*

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, fact should be so stated above.**