

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12269

Registration District No. 834

Primary Registration District No. 6097

Registrar's No. 16

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

1. PLACE OF DEATH:  
 (a) County Stoddard  
 (b) City or town Bloomfield, Mo.  
 (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 None  
 In this community Years  
 years, months or days

3. (a) PRINT FULL NAME HARRY LEWIS  
 (b) If veteran, name war --  
 (c) Social Security No. ---

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife --  
 6. (c) Age of husband or wife if alive -- years  
 7. Birth date of deceased July 7, 1868  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>20</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER {  
 12. Name Charles Lewis  
 13. Birthplace Missouri  
 14. Maiden name Unknown Lewis  
 15. Birthplace Ind.

16. (a) Informant G. W. Lewis  
 (b) Address Bloomfield, Mo. \* Route.

17. (a) Burial  
 (b) Date thereof Feb. 28, 41  
 (c) Place: burial or cremation Triplet cemetery

18. (a) Signature of funeral director Chiles Und. Co.  
 (b) Address Bloomfield, Mo.

19. (a) 3/7/41  
 (b) D. S. McRee

2. USUAL RESIDENCE OF DECEASED: 103  
 (a) State Missouri (b) County Stoddard  
 (c) City or town Bloomfield, Mo. Star Route  
 (d) Street No. 1  
 (e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th  
 year 1941 hour 12:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 27, 1941 to Feb. 27, 1941.  
 that I last saw him alive on Feb. 27, 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris  
acute myocardial infarction  
with gold stentation

Due to Angina Pectoris  
 Due to Angina Pectoris

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations  
 Of autopsy No

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?  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
758

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

23. Signature John W. Sloan (M. D. or other)  
 Address Bloomfield, Mo. Date signed 3/7/41

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2,

District File Number 441-263

Date Filed 4/10/41

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 Deceased was not Embalmed

Licensed Embalmer No. ....

P. O. Address.....

**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.**