

Registration District No. 313

Primary Registration District No. 4189

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town McFall  
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38  
(c) City or town McFall 0  
(If outside city or town limits, 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 Olivia Ann Lewis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife T. J. Lewis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 5 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Chas. Stewart  
13. Birthplace Unk. 9 Unk.  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Galberth  
15. Birthplace Unk. 1 Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ted Fore

(b) Address Albany, Missouri

17. (a) Burial (b) Date thereof May 18, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McFall Cemetery

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

(b) Address \_\_\_\_\_  
19. (a) 5-18-1941 (b) Dora M. Thersend  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1941 hour 2 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Feb 1 - 1941  
\_\_\_\_\_ 19\_\_\_\_, to Feb 15 \_\_\_\_\_ 1941;  
that I last saw her alive on Feb 15 \_\_\_\_\_ 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis agitans 10yrs.

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

23. Signature Frank H. Rose (M. D. or other) C.M.D.  
Address Albany, MO. Date signed May-16-

**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 me

Registered Apprentice No.

working under my personal supervision.

Signed

Clifford Brooks

Licensee No.

3329

P. O. Address

Albany, N.Y.

**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.**