DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18155

Registration District No. 408 Primary Registration District No. 5562 Registrar's No. 82

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution: Mo. Hiway 71 Two Miles North of Carthage (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community None years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town KANSAS City Missouri (If outside city or town limits, write "RURAL")

(d) Street No. 2425 Campbell St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Honetta Jewel Lewis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased ? (Month) ? (Day) 1918 (Year)

8. AGE: Years	Months	Days	If less than one day
23	?	?	hr. min.

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

10. Usual occupation UNKNOWN

11. Industry or business UNKNOWN

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant James Tucker

(b) Address 2425 Campbell St, Kansas City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 11, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation KANSAS City Missouri

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Missouri

19. (a) 5/11/41 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 41 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw her alive on Did not see her alive, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck fractures of nose, sup. maxillary and inf. maxillary bones

Due to Automobile accident alcoholic intoxication

Other conditions (Include pregnancy within 3 months of death)

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) Accident

(b) Date of occurrence May 11, 1941 04 A

(c) Where did injury occur? Jasper Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Federal Highway 71, 2 mi N of Carthage (Specify type of place)

While at work? no (e) Means of injury

23. Signature R. N. Webster (M. D. or other)

Address Carthage Mo Date signed May 11, 41

(Licensed Embalmer's Statement on Reverse Side)

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

49
0
0

1

865

41-6-562.

17DC 98

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.....

Licensed Embalmer No. 391

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
0—4-25-41
I X 7852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18185

Registration District No. 408 Primary Registration District No. 5562 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Marion Tp
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Honetta Jewel Lewis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race Black
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 (Month) (Day) (Year)
8. AGE: Years 23 Months ? Days ? If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broken neck	
Fract. of nose	
Due to Sub maxillary & inf maxillary bones	
Due to Auto accident	
Other conditions (Include pregnancy within 3 months of death) Alcoholic Intoxication	
Major findings: Of operations Car run off highway, turned over	
Of autopsy None	

from Careless Driving

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) Acc.
(b) Date of occurrence May 11 1941
(c) Where did injury occur? Jasper Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Federal Hgwy # 71 (Specify type of place)
While at work? (e) Means of injury Crowd
23. Signature R. H. Webster (M. D. or other)
Address Carthage Mo Date signed July 24 41

S-18155