DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18182

Registration District No. 421 Primary Registration District No. 5575 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Near Festus Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0

(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 Mississippi (b) County

(c) City or town Amory (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 James Lewis

3. (b) If veteran, name war no

3. (c) Social Security No. 302-01-3462

4. Sex M

5. Color or race Colored

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

6. (b) Name of husband or wife Marie Lewis

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

7. Birth date of deceased Dec 25 (Month) 1905 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
36	5	0	hr. min.

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

10. Usual occupation Laborer - Rail Road

11. Industry or business Extra gang Track work

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's own signature H H Wingard

(b) Address Festus Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-41 (Month) (Day) (Year)

(c) Place: burial or cremation Duerte-Vineyard

18. (a) Signature of funeral director Festus City Cemetery

(b) Address Festus Mo

19. (a) May 26 41 (Date received local registrar) (b) J. E. Rutledge M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1941 hour 1 minute 00 A M.

21. I hereby certify that I ~~attended the deceased from~~ held an Inquest May 25 - 1941, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Unavoidable Accident Multiple Injuries, Hit by car while walking on Highway 61

Due to ½ mile South of Festus Mo

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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 25 1941

(c) Where did injury occur? Highway 61 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? U. S. Highway (Specify type of place)

While at work? no (e) Means of injury

23. Signature Norval W. Welch (M. D. or other) acting coroner of Jefferson Co.

Address Crystal City, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE WITH BLACK INK—MAKE A PERMANENT RECORD

SEP 1 0 1941

SEP 2 4 1941

DEC 7 1941

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. 3010

P. O. Address Festus Mo

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

If this body is not embalmed, above space should be left blank.