

REGISTRATION DISTRICT NO. AUG 0 1941 391

Primary Registration District No. 4200

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Iron Co.
(b) City or town Ironton Mo
(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 1 (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Ironton
(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. 0 years.

8. (a) PRINT FULL NAME Orena Lettie L. Lewis

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

3. Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced W
4. Sex Colored 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 27, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 4 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Willie Lewis
13. Birthplace Maingo Miss. Miss!
(City, town, or county) (State or foreign country)
14. Maiden name Georgia Mayhew
15. Birthplace Johns Mill Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Donaldson

(b) Address Ironton Mo

17. (a) Ironton Colored Burial (b) Date thereof July 1 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Richie + Richardson

(b) Address Ironton Mo.

19. (a) July 7 - 41 (b) Julia A. Gunton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1941 hour 5 minute 20 A M.

21. I hereby certify that I attended the deceased from June 30, 1941, to July 1, 1941
that I last saw her alive on June 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Broncho-pneumonia
Pertussis

Due to Pertussis
Due to
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy. 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 J. C. New on (M. D. or other)
Address Ironton, Mo Date signed 7/1/41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25-232
Registrar's No. 46

Registration District No. 391

Primary Registration District No. 4230

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

1. PLACE OF DEATH:

(a) County Gron
(b) City or town Gronston
(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
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Orena L. Lewis
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced.....
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 Months Days If less than one day min.
10

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

10. Usual occupation.....

11. Industry or business.....

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 (b) Date thereof July-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a) July 7-41 (b) Julia A. Hunter
(Date received local registrar) (Registrar's signature)

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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Year 1941 Hour..... Minute..... M.
21. I hereby certify that I attended the deceased from.....
that I last saw him/her alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Due to.....
Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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..... (M. D. or other).....
Address..... Date signed.....

SUPPLEMENTARY

MOTHER FATHER

100-24

100-24

100-24

100-24

100-24

100-24

5-25232

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