

Registration District No. **169**

Primary Registration District No. **5630**

1. PLACE OF DEATH:

(a) County **Lawrence**  
(b) City or town **Lincoln, ~~Marion~~ Mo**  
(c) Name of hospital or institution: **L**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **L**  
In this community **44 yrs. 1** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**  
(c) City or town **Miller**  
(If outside city or town limits write "RURAL")  
(d) Street No. **L** (If rural, give location)  
(e) If foreign born, how long in U. S. A? **L** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **10**  
year **1941** hour **7** minute **20** A. M.  
21. I hereby certify that I attended the deceased from **7-5** to **7-10** 19**41**  
that I last saw him alive on **7-10** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**  
**Accepted**  
**blood vessel in brain**  
Due to: **83A**  
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Franklin Brown Lewis**

8. (b) If veteran, name war **L** 3. (c) Social Security No. **5-00-17990**

4. Sex **Male** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **L** 6. (c) Age of husband or wife if alive **L** years

7. Birth date of deceased **12 - 17 - 1857**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **6** Days **23** If less than one day hr. min.

9. Birthplace **Marion Co. Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name **Walter B. Lewis**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Martina Tracy**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Ira Lewis**  
(b) Address **Miller Mo.**

17. (a) **Burial** (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Maple Park Spts**

18. (a) Signature of funeral director **Morris - Leiman**  
(b) Address **Miller Mo**

19. (a) **7-30-41** (b) **W. S. Beaman**  
(Date received local registrar) (Registrar's signature)

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) (f) Means of injury  
23. Signature **W. S. Beaman** (M. D. or other) **D**  
Address **Miller Mo** Date signed **7-30-41**

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

RECEIVED

District Health Officer No. 6,

District File Number 841-1279

Date Filed AUG 4 1941

AUG 4 1941

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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 P. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

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

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