No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27843

Registration District No. 35

Primary Registration District No. 1001

Registrar's No. 835

1. PLACE OF DEATH:

(a) County: BUCHANAN

(b) City or town: ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 yr. 9 mo. 24 da. (Specify whether years, months or days)

In this community 24 yr. 9 mo. 24 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1723 S. 13th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Robt. Geo. Lewis

3. (b) If veteran, name war: —

3. (c) Social Security No. none

4. Sex: Male

5. Color or race: white

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: Feb. (Month) 16 (Day) 1886 (Year)

8. AGE: Years 55 Months 6 Days 2 If less than one day ____ hr. ____ min.

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

10. Usual occupation: Plumber

11. Industry or business: —

MOTHER FATHER

12. Name: E. P. Lewis

13. Birthplace: ? (City, town, or county) Penn. (State or foreign country)

14. Maiden name: Elizabeth Fullerton

15. Birthplace: Unk (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs. E. P. Lewis

(b) Address: 1723 S. 13th St. St. Joseph

17. (a) 8/22/41 Burial, cremation, or removal Beverly Hill (Month) (Day) (Year) 8/23/41

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

18. (a) Signature of funeral director: Elmer Mortuary

(b) Address: St. Joseph Mo.

19. (a) Aug 22, 1941 (Date received local registrar) (b) H. J. Seitlebund (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18 year 1941 hour 9-40 minute 9 A.M.

21. I hereby certify that I attended the deceased from Oct. 25, 1940 to Aug. 18, 1941 that I last saw him alive on Aug. 18, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: bronchopneumonia — Duration: 1 wk.

Due to: —

Due to: —

Other conditions (Include pregnancy within 3 months of death): Has mentally ill for 25 years

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: T. J. O'Dell (M. D. or other) (M.D.)

Address: St. Joseph Date signed 8/18/41

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

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

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph S

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, fact should be so stated above.