

FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28225

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Kennett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
612 No. Walnut
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 19-3-13 (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 035
 (c) City or town Kennett
 (If outside city or town limits, write "RURAL")
 (d) Street No. 612 No. Walnut
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
 year 1941 hour 5:30 minute _____ P _____ M.

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

Immediate cause of death _____
Endocarditis 7 days
 Due to Staphylococcus Septi-
emia 10 days
 Due to Diabetes mellitus 6 mo

Duration

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 sta-
 tistically.

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?

(Specify type of place)
 While at work _____ (e) Means of injury _____
 23. Signature George J. Gilman (M. D. or other) Do
 Address Kennett Mo Date signed 8-19-41

3. (a) PRINT FULL NAME Rachel Bettie Lewis

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 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: May 5 1922
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 3 13 hr. _____ min.

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

10. Usual occupation In School

11. Industry or business _____

MOTHER FATHER { 12. Name Willie L. Lewis
 { 13. Birthplace Union City Tennessee
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Zola O'Conner
 { 15. Birthplace Sparley Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant Willie L. Lewis
 (b) Address 612 No. Walnut Kennett
 17. (a) Burial (b) Date thereof Aug 20 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director George J. Gilman
 (b) Address Kennett Mo
 19. (a) Aug 20-41 (b) John Blankenship
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 941-130

Date Filed 9-17-41

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 A. Balman

Licensed Embalmer No. 2556-

P. O. Address Kenneth, 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, fact should be so stated above.

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STANDARD CERTIFICATE OF DEATH

State File No. 28225

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett
(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

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 Rachel B. Lewis

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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 hr. min.)

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 _____ (State or foreign country) _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year) _____
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day _____ year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him _____ days on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to Staphylococcus Septicemia

Due to Fungal Toxins in Medical Food

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations 61

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)

(e) Means of injury _____

23. Signature George G. Gibson M.D. or other _____
Address 7700 Date signed 10-8-41

SUPPLEMENTARY

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

