

BUREAU OF THE CENSUS
FILED OCT 6 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31761

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mendenhall Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
In this community infant
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 801 N. Devon
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1941 hour 5 minute A.M.
21. I hereby certify that I attended the deceased from
Sept 21 1941 to Sept 22 1941;
that I last saw him alive on SEPT. 22 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Insufficiency
Child very weak from birth, heart
action barely perceptible, during the
18 hours of life.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
1572

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 Dr. M. S. Mendenhall, M.D.
with malice
Address Webb City, Mo. Date signed 9-22-41

3. (a) PRINT FULL NAME Mary Jane Lewis

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

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

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

7. Birth date of deceased September 21, 1941 (Month) (Day) (Year)

8. AGE: Years * Months * Days - 12 hr. min.

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

10. Usual occupation infant

11. Industry or business infant

12. Name Wade P. Lewis

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

14. Maiden name Clara Marie Harding

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

16. (a) Informant Father Wade P. Lewis (b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof 9/23/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cem

18. (a) Signature of funeral director Nedje - Nelson (b) Address Webb City, Missouri

19. (a) SEPT. 23. 41 (b) P. L. Foxhead (Date received local registrar) (Registrar's signature)

517 (Licensed Embalmer's Statement on Reverse Side)

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

49
6
2

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. 2859

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2859

P. O. Address Wald City, Mo.

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, fact should be so stated above.