

Registration District No. 477

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Casper, Mo

(b) City or town Upland, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 days
(Specify whether)

In this community 42 days
years, months or days

8. (a) PRINT FULL NAME Cas Lewis

3. (b) If veteran, name war x

8. (c) Social Security No.

5. Color or race white

4. Sex M. U.

6. (b) Name of husband or wife Rex Lewis

6. (c) Age of husband or wife if alive x years

7. Birth date of deceased April (?) 1876
(Month) (Day) (Year)

AGE	Years	Months	Days	If less than one day
<u>about</u>	<u>65</u>	<u>?</u>	<u>?</u>	hr. min.

9. Birthplace Near Springfield, Mo. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Interior Decorator

11. Industry or business

MOTHER FATHER { 12. Name John Lewis

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

14. Maiden name

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

16. (a) Informant Wanda Widors

(b) Address Picher, Okla

17. (a) Miss Okla (b) Date thereof 9-28-41
(Date of death or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Upland, Missouri

18. (a) Signature of funeral director W. B. Jarney

(b) Address Picher, Okla

19. (a) 9-29-41 (b) W. B. Jarney
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla (b) County Ottawa

(c) City or town Picher
(If outside city or town limits, write "RURAL") 58

(d) Street No. 5
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1941 hour 6 minute 57 a. m.

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

Immediate cause of death Chm myocarditis

Chm nephritis (interstitial)

Due to Fasciitis of colon

Due to _____

Other conditions (include pregnancy within 3 months of death) 131a

Duration
<u>24</u>
<u>24</u>
<u>15 days</u>

PHYSICIAN
Underline the cause to which death should be charged statistically.

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) (e) Means of injury _____

23. Signature W. B. Jarney (M. D. Registrar)
Address Picher, Mo Date signed _____

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

41-10-846

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.