

FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32429

Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 761
(b) Township Appleton Primary Registration District No. 2002
(c) City Appleton City (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Gania A. Lewellen

(a) Residence, No. Rural - St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W: 12020122

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. J. Lewellen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 1 06

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Home wife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson City, Mo

FATHER 13. NAME Phaska Wine Lester

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson

MOTHER 15. MAIDEN NAME Clara B K

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson

17. INFORMANT (ADDRESS) B E Lewellen
Appleton City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton City DATE 9-19 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Oscar Eckhoff
Appleton City, Mo

20. FILED Sept 19, 1941 Mrs. Elva Abrey
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 17, 1941

22. I HEREBY CERTIFY, That I attended deceased from September 16, 1941, to September 17, 1941
I last saw her alive on September 17, 1941. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? physical examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) H. N. Bowerman, M. D.
(Address) Appleton City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1708

Date Filed 10-3-41

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 Asa R. Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, Wis.

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.