

S. No. 2
-11-10-39
v. 5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34280

State File No.

FILLED NOV 12 1941

Registration District No. 13

Primary Registration District No. 3006

Registrar's No. 274

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, Mo.
(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 ✓
In this community 53 yrs 10 mo. 18 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME DAVID LEWIS

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mozella Lewis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11-15-1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Boone County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Hardy Lewis
13. Birthplace Boone County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sallie White
15. Birthplace Boone County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James Lewis
(b) Address St. Louis Missouri

17. (a) Burial (b) Date thereof 10-7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stephens Store Mo

18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia, Missouri
19. (a) 10/7/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Bradford's Flats N. 6th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1941 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sept 26-41
To Oct 3, 1941, to _____, 19____;
that I last saw him alive on Oct 1, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Organic Brain Disease Duration 3 mo

Due to _____
Due to _____
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 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 A Moore (M. D. or other) DMD
Address 301 7th St - Columbia Mo Date signed 10-7-41

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

10
2
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APR 12 1956

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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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, above space should be left blank.