No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35195

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 163

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 722 E. Second St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution b (Specify whether years, months or days)

In this community 4 Mounths 27 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

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

(d) Street No. 722 E. 2nd. St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harold Loyd Lewis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased June (Month) 2 (Day) 1941 (Year)

8. AGE: Years 0 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER 12. Name John Lewis

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

MOTHER 14. Maiden name Clara Mills

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

16. (a) Informant John Lewis

(b) Address 722 E. 2nd. Carthage Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Reeds Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Oct 30, 1941 (Date received local registrar) (b) E. J. McIntire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29 year 1941 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10-29-41 To 10-29-41, 19 to 19; that I last saw him alive on 10-29-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion — Duration

Due to Irregular Feeding, + Care Etc

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1194a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. E. Baker (M. D. or other) M.D.

Address Carthage Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

41-11-918

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Me

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.