

FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35483

Registration District No. 638

Primary Registration District No. 5723

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Rural - St. Michael Hwy  
(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 \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francis 4  
(c) City or town Farmington, 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12<sup>th</sup>  
year 1941 hour unknown minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Burning

Due to Clothes burning causing 1st degree Burns

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy No autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct. 12, 1941 06<sup>00</sup>

(c) Where did injury occur? Fredericktown Madison Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on farm

While at work? No (Specify type of place) (e) Means of injury Burning

23. Signature Marion H. Bowles (M. D. or other) Coronal 3  
Address Fredericktown, Mo. Date signed 10/14/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JOHN H. LEWIS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Feb. 12 1908  
(Month) (Day) (Year)

8. AGE: Years 33 Months 8 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Aexter Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name H. F. Lewis

13. Birthplace unknown North Dakota  
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Daring

15. Birthplace Sikeston Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Price - State Hospital #4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof Oct. 14, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Stanley H. Dixon

(b) Address Fredericktown, Mo.

19. (a) Oct. 14, 1941 (b) S. G. S. Cartright  
(Date received local registrar) (By Registrar)

461 (Licensed Embalmer's Statement on Reverse Side)

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

6200

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**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, fact should be so stated above.**