

Registration District No. 893

Primary Registration District No. 6195a

Registrar's No.

1. PLACE OF DEATH:

(a) County WAYNE  
(b) City or town LODI  
(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 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE  
(c) City or town LODI  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME ROSALEA ELIZABETH LEWIS

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

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife THOMAS LEWIS  
6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased APR. 22 1868 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 27 If less than one day hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business HOME

12. Name ANDY CARTER  
13. Birthplace TENN (City, town, or county) (State or foreign country)  
14. Maiden name FRANCIS KEMP  
15. Birthplace TENN (City, town, or county) (State or foreign country)

16. (a) Informant THOMAS LEWIS  
(b) Address LODI MO.

17. (a) BURIAL (b) Date thereof MAR 21 1941 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation LODI

18. (a) Signature of funeral director Norman W. High  
(b) Address Piedmont mo.

19. (a) Mar 20 1941 (b) J. J. Bancroft (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 19 year 1941 hour 6:40 minute A M.

21. I hereby certify that I attended the deceased from Feb 25 1941 to Mar 19 1941 that I last saw her alive on March 7 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chorea Hepatica

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations

Of autopsy

Duration

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 J. Slaughter (M. D.)  
Address 220 W. Main St. Date signed 3/20/41  
Fredericktown, Mo.

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

MOTHER FATHER

**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, ~~o~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Norman W. Gish*.....  
Licensed Embalmer No. *3387*.....

P. O. Address *Pudmott, 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, fact should be so stated above.**