

FILED DEC 1/2 1941

Registration District No. ....

Primary Registration District No. 3009

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
305 NO. Main St.  
(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)

3. (a) PRINT FULL NAME James E. Lewis

3. (b) If veteran, name war..... 3. (c) Social Security No. 487-14-1454

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nellie Lewis 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Jan. 15 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 9 29 hr. min.

9. Birthplace Don't Know (City, town, or county) (State or foreign country)

10. Usual occupation Painter & Paperhanger

11. Industry or business.....

12. Name Don't Know  
13. Birthplace Don't Know (City, town, or county) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. E. Lewis  
(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 11-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lorimer Cemetery

18. (a) Signature of funeral director L. L. Hamer  
(b) Address Cape Girardeau, Mo.

19. (a) 11-21-41 (b) F. W. Phelps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. 403 Locust St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14  
year 1941 hour 8 minute 30 A.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.....  
Coronary Thrombosis  
Due to.....

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)  
94 a

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 N. Burton Shat  
Address Jackson, Mo. Date signed 11/14/41

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

MOTHER FATHER

1014

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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, ~~only~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl Smith.....

Licensed Embalmer No. 2676.....

P. O. Address Cape Girardeau 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.**