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

DEC 17 1941

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

38513

State File No.

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin N.T.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1020 No. Maiden Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1020 No. Maiden Lane
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thaddeus 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 Married
6. (b) Name of husband or wife Sarah M. Lewis
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June (Month) 17 (Day) 1878 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 63 | 5 | 11 | hr. min. |

9. Birthplace Green County (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Gideon Lewis
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Hale
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Sarah M. Lewis
(b) Address Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem.
18. (a) Signature of funeral director Neff City Und. Co.
(b) Address Neff City Mo.
19. (a) 12-1-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1941 hour 2:10 minute P M.
21. I hereby certify that I attended the deceased from Jan. 1941 to 11-17 1941; that I last saw him alive on 11-17 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to Cardiac Renal 2 yrs
Due to Acute uremia
Other conditions (Include pregnancy within 3 months of death) Hypertension
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. L. Crawford (M. D. or other)
Address Joplin Mo. Date signed 12-1-41

372 (Licensed Embalmer's Statement on Reverse Side)

41-12-1064

Cremated

**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 Myself, ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922,

P. O. Address Webb City, 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.**