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FILED DEC 10 1941

State File No. _____

Registration District No. 6-28

Primary Registration District No. 6282

Registrar's No. 78

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural--Central Tenn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(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 R.V. Lewis (No Name)

3. (b) If veteran, name war _____

3. (c) Social Security No. 455-07-3069

4. Sex Male ()

5. Color or race White

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

6. (b) Name of husband or wife Orvetta Lewis

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Sept. 3 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>2</u>	<u>14</u>	____ hr. ____ min.

9. Birthplace Clouderost / N. Mexico
(City, town, or county) (State or foreign country)

10. Usual occupation Truck driver

11. Industry or business Auto transport trucker

MOTHER FATHER

12. Name George A. Lewis

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

14. Maiden name Lula Cummings

15. Birthplace Bexar County / Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Williamson

(b) Address Box 375, Joplin, Missouri

17. (a) Removal (b) Date thereof 11-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ada, Oklahoma

18. (a) Signature of funeral director S. S. Stanley N. Dixon

(b) Address Fredericktown, Missouri

19. (a) Nov. 17, 1941 (b) J. C. S. Campbell
(Date received local registrar) (Registrar (Signature))

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Bowie 950

(c) City or town Texarkana 211
(If outside city or town limits, write "RURAL") 0

(d) Street No. Shreveport Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 5 1/2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th
year 1941 hour 5 minute 30 P.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 Broken neck, Fractured mandible, Fractured skull causing
epidural hemorrhage of brain due to truck wreck
driving auto transport truck

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Nov. 17, 1941 (1, 2)

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Highway 67

(Specify type of place) While at work? yes (e) Means of injury Crushed by trailer

23. Signature John H. Habers Coronel (Mr. D. or other)
Address Fredericktown, Mo. Date signed 11/17/41

DEC 22 1941

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 *Virgil H. Helck*

Licensed Embalmer No. *4102*

P. O. Address *Fredericktown*

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.