

S. No. 2
M-1-4-41
v. 5-17-39
P-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2661

State File No.

FILED FEB 11 1942

Registration District No. 4-1-8 444

Primary Registration District No. 4267

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 South JEFFERSON
(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 LACLEDE
(c) City or town LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. SOUTH JEFFERSON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES SAMUEL LEWIS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 21
year 1942 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 19 1942 to Jan 19 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARTHA E GARRETT
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased FEB 27 1867
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis & myocardial degeneration
Due to chronic arthritis
Due to senility
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
74 10 26 hr. min.

9. Birthplace LACLEDE CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

MOTHER FATHER
12. Name HENRY H. LEWIS
13. Birthplace 1 TENN
(City, town, or county) (State or foreign country)
14. Maiden name JALY J. RIPPY
15. Birthplace MO
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
928

16. (a) Informant Frances J Lewis
(b) Address SALAM MO

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? _____

17. (a) BURIAL (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation LEBANON

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. H. Summers (M.D. or other) _____
Address Lebanon MO Date signed 1-21-42

19. (a) Jan 24 42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

3
1
2

Summers (handwritten)

RECEIVED

District Health Officer No.

District File Number 2-42-47

Date Filed February 7, 1942

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

Allyn Dethorage, Registered Apprentice No. 294
working under my personal supervision.

Signed Bob Baker

Licensed Embalmer No. 1161

P. O. Address LEBANON

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.