

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

J. P. Martley
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2900
Registrar's No. 63

FILED JAN 26 1942
Registration District No. 567

Primary Registration District No. 5767

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

1. PLACE OF DEATH
(a) County Mississippi
(b) City or town Rural Wolf Island
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: 1 week
In this community 1 week
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Rural
(d) Street No. 6 miles South of E. Prairie
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DANIEL LEWIS
(b) If veteran, name war _____
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec, day 14
year 1941 hour 11.10 minute a. M.
21. I hereby certify that I attended the deceased from Dec 7
1941 to Dec 14 1941
that I last saw him alive on Dec 7 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased January 7, 1843
(Month) (Day) (Year)

Immediate cause of death Senility
Cardio-vascular

8. AGE: Years 98 Months 11 Days 7
If less than one day hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Carroll Co. - Mississippi
(City, town, or county) (State or foreign country)
10. Usual occupation Farming

Major findings: Of operations _____
Of autopsy _____
162 lb

MOTHER FATHER
11. Industry or business _____
12. Name Enoch Lewis
13. Birthplace Richmond, Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Robert Lewis
(b) Address East Prairie, Mo. Rt. 2
17. (a) Rural (b) Date thereof 12-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Patton, Mo.
18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie, Mo.
19. (a) Jan 1, 1942 (b) Mrs D M Hodge
Date received local registrar (Registrar's signature)

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. P. Martley (M. D. or other)
Address East Prairie, Mo. Date signed 12-29-41

RECEIVED

District Health Office No. 2,

District File Number 142-28

Date Filed 1-16-42

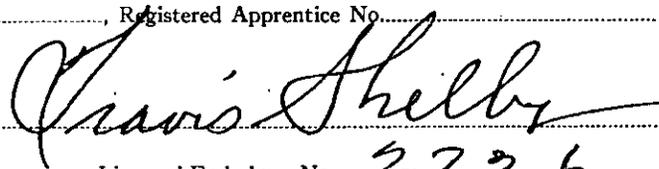
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 2726

P. O. Address... East Prairie 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.