

FILED APR 2 1942 262
Registration District No. 262 Primary Registration District No. De Kalb 536-11 Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County De Kalb
(b) City or town Union Star, Mo.
(c) Name of hospital or institution: Home 1
(d) Length of stay: In hospital or institution _____
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County De Kalb
(c) City or town Union Star
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26 year 1942 hour 9 minute 30.8 M.

4. Sex male 5. Color or race W
6. (a) Single, widowed, married divorced married
7. (b) Name of husband or wife Ella Lewis
7. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May 13 1873

21. I hereby certify that I attended the deceased from April 30 1939 to March 26 1942
that I last saw him alive on March 26 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of prostate gland

8. AGE: Years 68 Months 10 Days 23 If less than one day hr. min.

Duration: Secondary anemia

9. Birthplace Eastern Mo.
10. Usual occupation Farmer

Other conditions: 5 lb

11. Industry or business
12. Name Robert Lewis
13. Birthplace Eastern Mo.
14. Maiden name Elizabeth Mather
15. Birthplace Eastern Mo.

Major findings: Of operations: 5 lb
Of autopsy: None

16. (a) Informant Mrs Ella Lewis
(b) Address Union Star Mo
17. (a) Burial (b) Date thereof 3-30-42
(c) Place: burial or cremation St Joseph
18. (a) Signature of funeral director
(b) Address Clark St, Mo
19. (a) (b)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Arthur E. Rockwell (M. D. or other) _____
Address Union Star, Mo Date signed _____

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

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 me

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

Signed John G. Brown

Licensed Embalmer No. 3933

P. O. Address Chapel Hill, N.C.

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.