S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17657

Registration District No. 425 Primary Registration District No. 3009 Registrar's No. 168

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community ? years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County New Madrid
(c) City or town Farrenburg, Mo. 72
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Charles Lewis
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of ~~husband~~ or wife Lilly Lewis
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May 22 - 1870 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	0	21	br. min.

9. Birthplace Missouri O (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace — — 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace — — 9 (City, town, or county) (State or foreign country)
16. (a) Informant St. Francis Hospital
(b) Address Cape Girardeau,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 - 42 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address Sikeston Mo.
19. (a) 6-5-42 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1942 hour 11 minute 10 P M.
21. I hereby certify that I attended the deceased from 4/19 1942, to 5/1 1942; that I last saw him alive on 5/1 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ch. Myocarditis	
Due to	
Due to Nephritis Ch	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 b

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 A Smith (M. D. or other) M.D.
Address Cape Girardeau Mo Date signed 6/4/42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 642-779
Date Filed 6-16-42

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~~ May 3-4

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Arlin Ellis

Licensed Embalmer No. 4218

P. O. Address Houlton, Me

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.