S. No. 2
M—1-4-41
v. 5-17-39
I X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1942
390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24471
State File No.

Registration District No.
Primary Registration District No. 5546
Registrar's No. 46

47
1
0

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

1. PLACE OF DEATH:

(a) County: Iron
(b) City or town: Arcadia Ironton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys of the Ozarks Ironton Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED: 40

(a) State: Missouri (b) County: Iron
(c) City or town: ~~Ironton~~ Arcadia
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Jewel Lewis
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: F
5. Color or race: W
6. (a) ~~Single, widowed~~, married, divorced: married
6. (b) Name of husband or wife: Orville
6. (c) Age of husband or wife if alive: 30 years
7. Birth date of deceased: Jan 15 1914 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
28	5	15	hr. min.

9. Birthplace: Black (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: Sam Dennison
13. Birthplace: Ironton (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Lula Hughes
15. Birthplace: Sabula (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Orville Lewis
(b) Address: ~~Ironton~~ Mo Arcadia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Sabula Mo.
18. (a) Signature of funeral director: Mason White & Sons
(b) Address: Ironton Mo
19. (a) 7-2-42 (Date received local registrar) (b) Virgil R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1942 hour 5:30 minute A M.
21. I hereby certify that I attended the deceased from June 21, 1942 to July 1, 1942, that I last saw him alive on July 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute hemorrhagic nephritis — Duration: 3 wks
Due to:
Due to:
144 P
Other conditions: Pregnancy - 5 mos. (Include pregnancy within 3 months of death)
Gestation
Major findings:
Of operations:
Of autopsy:

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: Ben M. Bull (M. D. or other) M.D.
Address: Ironton, Mo. Date signed 7-1-42

1283 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 842-1039
Date Filed 8-12-45

AUG 13 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.....

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

working under my personal supervision.

Signed Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Boston Mass.

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.