

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26973

Filed SEP 11 1942  
Registration District No. 75

Primary Registration District No. 3015

State File No. \_\_\_\_\_  
Registrar's No. 39

25  
1  
1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Clinton  
(a) County Clinton  
(b) City or town Cameron  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: South Chestnut St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Four years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 25  
(a) State Missouri (b) County Clinton  
(c) City or town Cameron  
(If outside city or town limits, write "RURAL")  
(d) Street No. South Chestnut St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frances Elizabeth Lewis.  
(b) If veteran, name war X  
(c) Social Security No. X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 14, 1942  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 12:45 P. M.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
(b) Name of husband or wife Samuel Green Lewis  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Nov. 17 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1938, to August 13, 1942  
that I last saw her alive on Aug 9 1942  
and that death occurred on the date and hour stated above.

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

Immediate cause of death Cerebral Arteriosclerosis Duration 2 yrs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace La Grange Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation At home

Other conditions Myocardial insufficiency 6 mo  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name Henry W. Wilhelm.  
13. Birthplace Germany  
(State or foreign country)  
14. Maiden name Catherine Figge  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Hugh F Becker  
(b) Address Cameron, Mo.  
17. (a) Burial (b) Date thereof 8-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Quincy, Ill.

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? \_\_\_\_\_

18. (a) Signature of funeral director Poland Funeral Home  
(b) Address Cameron, Mo.  
19. (a) Aug 14 1942 (b) Mrs. Kathleen Harris  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other)  
Address Cameron, Mo. Date signed 8/14/42

DEC 11 1942

NOV 20 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 *Gerald F. Wade*

Licensed Embalmer No. *4172*

P. O. Address *Cameron, 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.