

FILED NOV 10 1942

Registration District No. 170

Primary Registration District No. 5628

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon Brownfield R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hassonade Sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon Brownfield R.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH JANE LEWIS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William A. Lewis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 13 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>22</u>	hr. _____ min.

9. Birthplace Laclede Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name George R. Reid
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Pattie A. Lewis
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eula Adams
(b) Address Lebanon Brownfield Rt.

17. (a) Burial (b) Date thereof Oct 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads

18. (a) Signature of funeral director No. Funeral Director

(b) Address _____

19. (a) Oct 10 42 (b) Grace Rapier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1942 hour 9 minute _____ A.M.

21. I hereby certify that I attended the deceased from 8-20-42, 19____, to Oct 5-, 1942
that I last saw her alive on 9-30-42, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial degeneration
Due to _____

Due to _____

Other conditions arthritis, multiple
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 93d

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? _____ Means of injury _____

23. Signature BE Farrell (M. D. or other) MD.
Address Lebanon Date signed 10-6-42

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Duration (71)
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

Ladell County Health Dept
District Health Officer No. _____

District File Number *11-42-160*

Date Filed *11-5-42*

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 *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon 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.