

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 99

Primary Registration District No. 4177

Registrar's No. 65

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Stewartville Mo.
(c) Name of hospital or institution: 1
(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 DeKalb
(c) City or town Stewartville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME William H. Lewallen

MEDICAL CERTIFICATION

3. (b) If veteran, name war. / 3. (c) Social Security No.

20. DATE OF DEATH: Month 11 - day 29
- year 1942 hour 8 A M minute. M.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Etora Lewallen 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased. Sept 21 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1938
Dec 1, 1938, to 11/28, 1942
that I last saw him alive on Nov. 28, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>7</u>	hr. - min.

Immediate cause of death Myocardial chronic
930
Duration 7 yrs.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

Due to.
Due to.
Other conditions As Phma (Include pregnancy within 3 months of death) 6 yrs.

10. Usual occupation Retired farmer

PHYSICIAN
Major findings:
Of operations
Of autopsy

11. Industry or business

MOTHER FATHER
12. Name Aquilia Lewallen
13. Birthplace Ind 1 (City, town, or county) (State or foreign country)
14. Maiden name Mary Jane
15. Birthplace Ind 1 (City, town, or county) (State or foreign country)

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?
While at work? (Specify type of place) (e) Means of injury.

16. (a) Informant Mrs Etora Lewallen
(b) Address Stewartville Mo

23. Signature D. L. Perkins (M. D. or other) 0
Address Clarksdale, Mo Date signed

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Nov 30 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Near Easton Mo

18. (a) Signature of funeral director Stewartville Mo
(b) Address Stewartville Mo

19. (a) Nov 29 42 (Date received local registrar) (b) Clark (Registrar's signature)

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

302
0
0

32
0
0

0

7 yrs.

6 yrs.

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

Signed.....

J. P. Brown

Licensed Embalmer No.....

952

P. O. Address.....

Stewartsville

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.