

FILED JAN 15 1948 78  
Registration District No. ....

Primary Registration District No. ~~305~~ 5953

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Pike

(b) City or town RFD Louisiana  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Buffalo Township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution. (Specify whether)

In this community in years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Louisiana  
(If outside city or town limits, write "RURAL")

(d) Street No. RFD (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Joseph G LEWIS

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 15  
year 1942 hour 9 minute 30 a M.

21. I hereby certify that I attended the deceased from Dec 1-42  
to Dec 15 42

that I last saw him alive on Dec 12 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

(b) Name of husband or wife Elizabeth Ellen Luck

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Dec 4 1852  
(Month) (Day) (Year)

Immediate cause of death Myocardial Insufficiency

Duration

8. AGE: Years 90 Months 0 Days 11  
If less than one day hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

10. Usual occupation Farmer

11. Industry or business Farming

PHYSICIAN

Underline the cause to which death should be charged statistically.

12. Name Joseph G Lewis

13. Birthplace ky 1  
(City, town, or county) (State or foreign country)

14. Maiden name Emerine Clifton

15. Birthplace (2) 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jos G Lewis

(b) Address RFD Louisiana Mo

17. (a) Burial (b) Date thereof Dec 17 42  
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation New Creek Cemetery

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 G. H. Hays

(b) Address Louisiana Mo

19. (a) 12/15/42 (b) G. H. Hays  
(Date received local registrar) (Registrar's signature)

While at work? 0 (Specify type of place) (c) Means of injury

23. Signature G. H. Hays (M. D. or 0)  
Address Louisiana Mo Date signed 12/15/42

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

MOTHER FATHER

1169

RECEIVED

District Health Officer No. 10

District File Number 1-43-109

Date Filed Jan 13 - 1943

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.....

*George O. Wagner*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*George O. Wagner*

Licensed Embalmer No. 3773

P. O. Address Leicester, 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.