

FILED FEB 10 1943
Registration District No. 3024

Primary Registration District No. 3072

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

1. PLACE OF DEATH

(a) County Saline

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

(c) Name of hospital or institution:
no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline

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

(d) Street No. 20 E. Washington
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Bell Lewis

3. (b) If veteran, name war ✓

3. (c) Social Security No. 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from investigated
Jan 1st 1943
that I last saw h. ✓ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Feb 1860
(Month) (Day) (Year)

Immediate cause of death: Fire, Clothing caught on fire from
in a tub while lighting her pipe.
Due to _____

Due to She is blind for
eight years.

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 82 Months 7 Days 7
If less than one day _____ hr. _____ min.

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

PHYSICIAN

Major findings: 1815
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Europe Wadkins

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

14. Maiden name Unknown

15. Birthplace Virginia
(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) Accident 97

(b) Date of occurrence Jan 1st 1943

(c) Where did injury occur? Marshall Saline Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Her home

While at work? No (Specify type of place)

23. Signature Charles Croner (M. D. or other)
Address Marshall Mo Date signed 1-2-43

16. (a) Informant TALT Lewis

(b) Address MARSHALL MO

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof JAN 3 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Fairfield Cem

18. (a) Signature of funeral director DON SHORT

(b) Address MARSHALL MO

19. (a) 1-3-43 (Date received local registrar)

(b) mo T. Washbrook (Registrar's signature)

15, 19

RECEIVED

Health Officer No. 8,

District File Number _____

Date Filed 2-9-43

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 _____

Donald W. Stout

Licensed Embalmer No. 3757

P. O. Address Marshall 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.