DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5954

FILED MAR 14 1943

State File No. .....

Registration District No. 47 Primary Registration District No. 5737 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural Auxvasse Twp

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

(c) Name of hospital or institution: X

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway 14

(c) City or town Rural

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

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry Clay Lewis

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race Negro

6. (a) ~~Single, widowed~~, married, divorced. ~~Title deceased~~ 1

6. (b) Name of husband or wife Lena

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March (Month) 15 (Day) 1880 (Year)

8. AGE: Years 62 Months 10 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Readsville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Robert Lewis

13. Birthplace Readsville (City, town, or county) Mo 0 (State or foreign country)

MOTHER

14. Maiden name Lena Curtis

15. Birthplace Readsville (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Clifford Williams

(b) Address Auxvasse, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Hughes Maupin

(b) Address Auxvasse Mo

19. (a) Feb 8 1943 (Date received local registrar) (b) Josie Mosenkopf (Registrar's signature)

1147 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from ~~Oct 14 1942~~ to Feb 6 1943 that I last saw him alive on Feb 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 ..... (e) Means of injury .....

23. Signature A. B. Nichols (M. D. or other)

Address Auxvasse Mo Date signed 2-6-43

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

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. Hughes T. Maupin

Licensed Embalmer No. 2358.

P. O. Address. Aux Vases, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
3-21-41
X29288

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

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STANDARD CERTIFICATE OF DEATH

State File No. 5954

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
(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 Mo (b) County Callaway

(c) City or town Rural
(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 Henry Clay Lewis

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race B

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

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Mch 15 (Month) 1 (Day) 88 (Year)

8. AGE: Years 62 Months 10 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

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

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 6
year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19 ..... to ..... 19 ..... ;
that I last saw h ..... alive on ..... 19 ..... ;
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis (Interstitial)

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? ..... (c) Means of injury .....

23. Signature C. B. Nichols (M. D. or other)
Address Cuivre Mo Date signed 4-1-43

SUPPLEMENTARY

13/a