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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6354

FILED MAR 6 1~~316~~ 128

Registration District No. ____ Primary Registration District No. 2000 Registrar's No. 117

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield, ~~Burge Hospital~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Four Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 910 North Glenstone
(If rural, give location)

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

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3. (a) PRINT FULL NAME Orrin Gould Lewis

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Jane Lewis

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Nov (Month) 18 (Day) 1860 (Year)

8. AGE: Years 82 Months 2 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace ~~Kentucky~~ Unknown (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Retired St. Car Motorman

11. Industry or business ____

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

MOTHER
14. Maiden name Isabell Clark
15. Birthplace ~~Unknown~~ (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs Lonnie Warford
(b) Address 910 North Glenstone

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 9th, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lutesville, Missouri.

18. (a) Signature of funeral director Fred C. Thieme
(b) Address 1100 Boonville St.

19. (a) 2-8-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th year 1943 hour Twelve minute 05 A.M.

21. I hereby certify that I attended the deceased from 2-1, 1943, to 2-7, 1943 that I last saw him alive on 2-7, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio-Sclerosis	?
Due to	
Due to	
Other conditions Acute Enteritis (Include pregnancy within 3 months of death)	10 days

Major findings:
Of operations ✓
Of autopsy 120

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 [signature] (M. D. or other) M.D.
Address Springfield Mo Date signed 2-8-43

(Licensed Embalmer's Statement on Reverse Side)

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 Fred C. Thisme

Licensed Embalmer No. 2899

P.O. Address Springfield, 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.