

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11230

FILED APR 7 1943

State File No. _____

Registration District No. 303

Primary Registration District No. 6045

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution: at home Rural
(If not in hospital or institution, write street number or location)

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

In this community 64 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley

(c) City or town Kelly Twp.
(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 James Hale Lewis

3. (b) If veteran, name war _____

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15
year 1943, hour 8 minute A.M.

4. Sex Male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec 4 - 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 6 1943 to Feb 15 1943
that I last saw him alive on Feb 6 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 2 Days 11
If less than one day _____ hr. _____ min.

Immediate cause of death: myocardial Regeneration 3 yrs

Due to: chronic Bright's Disease (?)

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

Due to: Cancer of Prostate (?)

Other conditions Cancer of Prostate
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business for self

12. Name John Lewis

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

14. Maiden name Baker

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

16. (a) Informant Mrs. Abbie Lewis

(b) Address Doniphan Mo.

17. (a) Burial (b) Date thereof 2-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewis Cemetery

18. (a) Signature of funeral director F. E. Jordan

(b) Address Doniphan Mo.

19. (a) 3-16-43 (b) G. G. Sprague
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations: 518

Of autopsy: _____

Duration

3 yrs

(?)

(?)

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature Frank J. Rusinski (M. D. or other) DO

Address Van Buren, Mo Date signed 2-18-43

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

MOTHER FATHER

6:16

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ruzinski
Ruzinski

RECEIVED

District Health Officer No. 5,

District File Number 443197

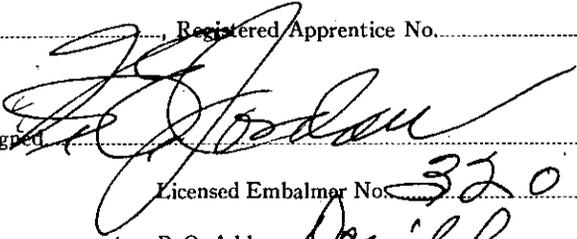
Date Filed _____

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 

Licensed Embalmer No. 3200

P. O. Address Quiphan 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.