V. S. No. 2
OM—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14401.

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 36

41
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1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: J Reed Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 71 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri County Harrison 41 0
(c) City or town Bethany Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary E Lewis
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased 6 - 1 - 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 30 If less than one day. ..... hr. ..... min.

9. Birthplace Bethany Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER 12. Name Lewis Williams
FATHER 13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah Cadle
MOTHER 15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Lewis
(b) Address Bethany Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivette
18. (a) Signature of funeral director S. M. [illegible]
(b) Address Bethany
19. (a) April 12-1943 (Date received local registrar) (b) Zola M. Burkes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31 year 43 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 5 1943, 19..., to March 31, 1943 that I last saw her alive on March 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile Dementia	
Cerebral Paresis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 J. G. Reed (M. D. or other)
Address Bethany, Mo. Date signed 4-12-43

503 (Licensed Embalmer's Statement on Reverse Side) Reid

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 M. B. Lacer

Licensed Embalmer No. 3899

P. O. Address Bethany 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.