

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14418**
Registrar's No. **78**

MAY 10 1943 37

Registration District No. **37**Primary Registration District No. **3023**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Clinton mo**
(c) Name of hospital or institution: **1**
(If outside city or town limits, write "RURAL" and name of township)

(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 days3. (a) PRINT
FULL NAME **Laura H. Lewis**

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex **F** 5. Color or **W** 6. (a) Single, widowed, married,6. (b) Name of husband or wife **Chas Lewis** 6. (c) Age of husband or wife if7. Birth date of deceased **June 23 1866** alive. years

(Month) (Day) (Year)

8. AGE: Year **76** Months **9** Days **16** If less than one day9. Birthplace **Boone Co mo** (City, town, or county) (State or foreign country)10. Usual occupation **House work**

11. Industry or business

12. Name **Wm L. Wilson**13. Birthplace **mo** (City, town, or county) (State or foreign country)14. Maiden name **Sarah E. O'Neil**15. Birthplace **Ill** (City, town, or county) (State or foreign country)16. (a) Informant **Mrs J O Watson**(b) Address **Clinton mo**17. (a) **removal** (b) Date thereof **4-14-43**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washburn's Chapel**18. (a) Signature of funeral director **Consolus & Peck**(b) Address **Clinton mo**19. (a) **April 9, 1943** (b) **Georgia Kitchen**

(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry**(c) City or town **Clinton mo** (If outside city or town limits, write "RURAL")(d) Street No. **1101 South Main** (If rural, give location)

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

If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9**year **1943** hour **7** minute **30 P. M.**21. I hereby certify that I attended the deceased from **March 1**1943 to **April 9** 1943;that I last saw him alive on **April 9** 1943.

and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia J. B. Duration **277**

Due to

Due to

Other conditions.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 **H. Walker** (M. D. or other) **mo**Address **Clinton mo** Date signed **4-9-43**

RECEIVED

District Officer No. 7,

District File No. 4-43-167

Date Filed 5-6-43

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

JE Consolus

Licensed Embalmer No.

1891

P. O. Address

Clinton 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.