

ED AUG 11 1943 94

3056

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(c) Name of hospital or institution: 322 Southault Street  
(d) Length of stay: In hospital or institution none  
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(d) Street No. 322 Southault  
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME GEORGE ELLIOTT LEWIS

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Margaret Lewis 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased February = 15 - 1858

8. AGE: Years 85 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Randolph Co. Mo.

10. Usual occupation Coal Miner (Retired)

11. Industry or business

12. Name Salomon Lewis

13. Birthplace unknown

14. Maiden name Tilda Ann Roberts

15. Birthplace unknown

16. (a) Informant Mrs. Rosa Milnes

(b) Address 322 S. Ault Moberly Mo.

17. (a) Burial, cremation, or removal Baker Cemetery (b) Date the death occurred July 27 - 43

(c) Place: burial or cremation

18. (a) Signature of funeral director Snow Funeral Home (b) Address Moberly Mo.

19. (a) 7-27-43 (b) Dyna Kave

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26<sup>th</sup> year 1943 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1st to July 26th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to By hangover

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 98.2 Of autopsy

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury 0

23. Signature [Signature] (M. D. or other) Address Moberly Mo. Date signed 7-26-43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 8431317

Date Filed AUG 10 1943

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 *R. M. Cater*.....

Licensed Embalmer No. 4117.....

P. O. Address *Mobley 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.