

S. No. 2
4-1-4-41
7-5-137
X24390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28262

SEP 10 1943

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 674

1. PLACE OF DEATH:

(a) County. Greene

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

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

(d) Length of stay: In hospital or institution 1 hr. 30 Min
(Specify whether years, months or days)

In this community. (Twin - 1st)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene-Taney

(c) City or town. Branson 106
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Inf Son of Mr & Mrs Wm. Lewallen

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Aug day 18
year 1943 hour 5 minute 40 P.M.

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

6. (b) Name of husband or wife. none 6. (c) Age of husband or wife if alive. XX years

7. Birth date of deceased. Aug 18th 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/18 1943 to 8/18 1943
that I last saw him alive on 8/18 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u> hr. <u>30</u> min.

Immediate cause of death. Pneumonia

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

Due to. 19

Due to. 159

10. Usual occupation. Infant

Other conditions. 5 mos. pregnancy
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name. Wm. Lewallen

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

14. Maiden name. Mary Louise Boggs
(City, town, or county) (State or foreign country)

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

Major findings: 5 mos. pregnancy

Of operations.

Of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant. Wm. Lewallen
(b) Address. Branson Mo.

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?

17. (a) Burial (b) Date thereof. Aug 19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. East Lawn Cem.

While at work? (Specify type of place)
(e) Means of injury.

18. (a) Signature of funeral director. H. H. Lohmeyer
(b) Address. Springfield Mo.

23. Signature Rebecca J. Kay (or other)

Address Springfield Mo Date signed 8/23/43

19. (a) 8-23-43 (b) O. N. Handley
(Date received local registrar) (Registrar's signature)

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

9
2
6

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.....

Rob Embelmed

Licensed Embalmer No.....

P. O. Address.....

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.

X