S. No. 2
M—1-4-41
v. 5-17-39
X26390

FILED SEP 10 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28263

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 675

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

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 0
(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
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 106

(a) State Missuori (b) County Taney 1

(c) City or town Branson 0
(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 1

3. (a) PRINT FULL NAME Tnf. sons of William Lewallen (Twin - 2nd)

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

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. (Month) 18 (Day) 1943 (Year)

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

9. Birthplace Springfield (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name William Lewallen
13. Birthplace Branson (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Louise Boggess
15. Birthplace Harrison (City, town, or county) Arkansas 1 (State or foreign country)

16. (a) Informant William Lewallen
(b) Address Branson Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 43 (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address 458 E. Walnut Springfield Mo.

19. (a) 8-23-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 4:15 P.M. Aug. 18, 1943 to 5:40 P. Aug 18, 1943
that I last saw him alive on Aug 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pre-maturity

Due to 5 months Pregnancy

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

159

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 Cecilia S. Kay 0 (M. D. or other)
Address Springfield Mo Date signed 8/20/43

(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed

Signed.....

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.