

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

FILED OCT 9 1943 **75**

Registration District No. **75**

Primary Registration District No. **4138**

1. PLACE OF DEATH:

(a) County **Clinton**  
(b) City or town **KATHROP**  
(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 **35 hrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Alice Jane Lewis.**

3. (b) If veteran, name war: **No.** 3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **WIDOW.**

6. (b) Name of husband or wife: **James Middleton** 6. (c) Age of husband or wife if alive **1867** years

7. Birth date of deceased **Jan. 8. 1867** (Month) (Day) (Year)

8. AGE: Years **76** Months **7** Days **21** If less than one day **hr. min.**

9. Birthplace **FORT SCOTT, KANSAS-1** (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **NO EMP.**

12. Name **JAMES MIDDLETON.**

13. Birthplace **KANSAS.** (City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN.**

15. Birthplace **UNKNOWN.** (City, town, or county) (State or foreign country)

16. (a) Informant **J. Taylor**  
(b) Address **KATHROP MO.**

17. (a) **BURIAL** (b) Date thereof **Aug 31. 43** (Month) (Day) (Year)

(c) Place: burial or cremation **CAMERON MO.**

18. (a) Signature of funeral director **DEMOSSE CRUNK.**  
(b) Address **KATHROP MO.**

19. (a) **Aug 30 1943** (Date received local registrar) (b) **Mrs Kathleen Harris** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **CLINTON**  
(c) City or town **KATHROP.** (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**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **29** year **1943** hour **11** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **Aug. 8,** 1943, to **Aug 28**, 1943, that I last saw her alive on **Aug 28**, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: **arteriosclerotic nephritis?**

Due to: **arteriosclerotic nephritis?**

Due to: **General arteriosclerosis?**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12/a**

Of autopsy

Duration

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?

While at work? (Specify type of place) (e) Means of injury **2 DO**

23. Signature **Henry Wherry** (M. D. or other) **2 DO**  
Address **KATHROP MO.** Date signed **8/30/43**

**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

*Dr. Wm. S. Smith*

Licensed Embalmer No.

*2533*

P. O. Address

*Richwood 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.**