

LED NOV 10 1943

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 17

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

47
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1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural: Arcadia Impo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
The Home for Aged Baptist
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

In this community 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Rural (Arcadia)
(If outside city or town limits, write "RURAL")

(d) Street No. The Home for Aged Baptist
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ellen Lewis

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem 5. Color or race white

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

6. (b) Name of husband or wife Andrew Lewis

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 9 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 9 0 hr. min.

9. Birthplace Summit Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business

MOTHER FATHER

12. Name Charles Rendall

13. Birthplace unknown England 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna Apsey

15. Birthplace unknown England 4
(City, town, or county) (State or foreign country)

16. (a) Informant D. S. Scott; Home Supt.

(b) Address Ironton Mo.

17. (a) removal (b) Date thereof 10-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Earth Minn.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Blue Earth Minn. Ironton Mo.

19. (a) 10-10-43 (b) Vergene R. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1943 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct. 1st 1943 to Oct. 9th 1943
that I last saw her alive on Oct. 1st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute Bi-lateral Bronchial Pneumonia

Due to acute naso-pharyngitis

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations 101

Of autopsy

Duration Oct. 1st 1943

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?

23. Signature R. E. Harland (M. D. or other)
Address Ironton, Mo. Date signed 10/10/43

1283

RECEIVED

District Health Officer No. 4
District File Number 1143-2942
Date Filed 11-9-43

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 Arnell J. White
Licensed Embalmer No. 3012
P. O. Address Sminton, W. Va.

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.