

Registration District No. 8494B

Primary Registration District No. 5187

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural - Hubble sup
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community 50 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Rural 0116
(If outside city or town limits, write "RURAL") 0

(d) Street No. near Allenville 3
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM HENRY LEWIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife Alpha Belle Lewis

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Mar. 26 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 4

If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Lewis

{ 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name unknown

{ 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs William H. Lewis

(b) Address Allenville, Mo.

17. (a) Burial (b) Date thereof Nov. 1 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thompson cemetery

18. (a) Signature of funeral director W. S. Dutton

(b) Address Jackson, Mo.

19. (a) 10/30/43 (b) A. N. Meeks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1943 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Aug 5th
1943 to October 30 1943
that I last saw h. im alive on Oct 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio nephritis 6 mo
mitral regurgitation
of heart
Albumin in urine

Due to _____

Due to _____

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

13/a

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature W. S. Dutton (M. D. or other) MD
Address Allenville Date signed _____

RECEIVED

District Health Officer No. 4

District File Number 1243-2988

Date Filed 12-7-43

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 Glen Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.