

5. No. 2  
-9-4-41  
5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41651

State File No. \_\_\_\_\_

Registrar's No. 1319

FILED JAN 4 1944

Primary Registration District No. 100 D

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution State Hospital # 22  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days  
(Specify whether)

In this community Yes  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bronx

(c) City or town Columbia  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Iva Lucille Lewis

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. Not given

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased: June 15 1887  
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace unknown New York  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wagon

11. Industry or business College

12. Name William Fitzgerald

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Jane M. [unclear]

15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W J Fitzgerald

(b) Address 444 E 72 St Mo

17. (a) cremation (b) Date thereof 11-18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C. Mo.

18. (a) Signature of funeral director Almon [unclear]

(b) Address 2017 Olive St Joseph, Mo

19. (a) 11-18-43 (b) Doc Hergog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17 year 1943 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 11/17 1943 to 11/17 1943, 19\_\_\_\_, and that I last saw him/her alive on 11/17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia  
2 days

Due to \_\_\_\_\_

Due to 111C

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 B E [unclear] (M. D. or other) \_\_\_\_\_

Address St Joseph Hospital # 2 Date signed 11/17/1943

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

11  
1  
7

1233

(Licensed Embalmer's Statement on Reverse Side)

FEB 25 1944

**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.....

*Robert H. Geph*

Licensed Embalmer No. ....

*3308*

P. O. Address.....

*St Joseph, MD.*

**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.