DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1997

State File No.

FILED FEB 7 1944

Registration District No. 18 | Primary Registration District No. 5085 | Registrar's No.

1. PLACE OF DEATH:

(a) County: Bates

(b) City or town: rural Westpoint Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

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

In this community: 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Bates

(c) City or town: Rural Westpoint Twp
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Fanrie Coleman Lewis

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: W.

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

6. (b) Name of husband or wife: Thomas Lewis

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

7. Birth date of deceased: Sept (Month) 13 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	1	28	hr. min.

9. Birthplace: Culpepper Co. (City, town, or county) Va (State or foreign country)

10. Usual occupation: House-wife

11. Industry or business:

FATHER
12. Name: Robert Covington
13. Birthplace: Unk (City, town, or county) Va (State or foreign country)

MOTHER
14. Maiden name: Juliet Brown
15. Birthplace: Unk (City, town, or county) Va (State or foreign country)

16. (a) Informant: Miss Virginia Lewis
(b) Address: Amsterdam Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Westpoint Cemetery

18. (a) Signature of funeral director: Chas J Mangold
(b) Address: Amsterdam Mo.

19. (a) 11-14-43 (Date received by local registrar) (b) L. J. Mangold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1943 hour 1:30 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 11, 1943, 19__, to Nov. 11, 1943, 19__; that I last saw he alive on Nov. 11, 1943, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic lobar Pneumonia	3 Days
Due to: Cerebral Hemorrhage and Paralysis (In Bed 8 Mo.)	8 Mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: 108

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: W. A. Johnston (M. D. or other) DO.
Address: Amoret, Missouri Date signed 11-13-43

10.00 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7.
District File Number 1-44-60
Date Filed 2-4-44

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~~ XXXX
....., Registered Apprentice No.....
working under my personal supervision.

Signed L. A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.