

FILED JAN 25 1944
128

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 8

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 1035 W. Elm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No. 1035 W. Elm
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3,
year 1944 hour 8:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from Dec 27
1943 to Jan 3 1944
that I last saw him alive on Jan 3 1944
and that death occurred on the same date and hour stated above.
Immediate cause of death Broncho Pneumonia Duration _____

Due to influenza
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 33a
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Ramona Jean Lewis

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

4. Sex F M 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased November 6 1937
(Month) (Day) (Year)

8. AGE: Years 6 Months 1 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation None Child

11. Industry or business _____

MOTHER FATHER { 12. Name James E. Lewis
13. Birthplace Reeds Springs Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Gladys Jones
15. Birthplace Nixa, Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. James E. Lewis,
(b) Address 1035 W. Elm, Spfd., Mo.

17. (a) Burial (b) Date thereof 1-9-44
(Burial, cremation, or removed) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cem.

18. (a) Signature of funeral director Dann Funeral Home
(b) Address Springfield, Mo.

19. (a) 1-6-44 (b) R. W. Hittendly
(Date received local registrar) (Registrar's signature)

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 R. W. Hittendly (M. D. or other) _____
Address Springfield Mo Date signed 1-5-44

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

39
2
6

39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

994

WJ

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 *Clairmont D. McEachern*.....

Licensed Embalmer No. *2891*.....

P. O. Address.....

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.

7