

U.S. No. 2
FORM-542
Rev. 5-17-39
I X32873

4818

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 21 1944

Registration District No. 379

Primary Registration District No. 6276454

Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Sheldon Mo
(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 16 yrs.
years, months or days

3. (a) PRINT FULL NAME Nellie K. Lewis

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

4. Sex M 5. Color or race N 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Geo. R. Lewis 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased 12 16 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 5 If less than one day min.

9. Birthplace Monticella Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Peter Harrison

13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Jane Elizabeth Brown

15. Birthplace St. Charles Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nail

(b) Address Sheldon Mo

17. (a) Burial (b) Date thereof 12-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Ia.

18. (a) Signature of funeral director A. C. Duffell

(b) Address Front City, Mo.

19. (a) 12-29-43 (b) Delma Selden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North
(c) City or town Sheldon Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21
year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1939
1939 to Dec 21 1943

that I last saw her alive on Dec 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tuber Pneumonia

Due to myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 105

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) (c) Means of injury

23. Signature A. J. Gardner (M.D. or other)
Address Sheldon Mo Date signed 12-23-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11300

1104

APR 5 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..... *Arch C. Dwyer*

Licensed Embalmer No. *3262*

P. O. Address *Grant City, 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.