

FILED MAR 13 1944

Registration District No. 27

Primary Registration District No. 4339

Registrar's No. 10

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
SO. MAIN ST 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 33 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. SO. MAIN ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29
year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Sunshot wound
410 GA.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1640

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) suicide
(b) Date of occurrence Feb. 29, 1944
(c) Where did injury occur? Paris Monroe MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HOME

While at work? ✓ (Specify type of place) (z) Means of injury 3
23. Signature J. R. Turner Coroner
Address Madison MO Date signed 2-29-44

3. (a) PRINT FULL NAME LYNN LEWIS
3. (b) If veteran, name war WORLD WAR I 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NADINE B. LEWIS 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased NOV. 12, 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation PLUMBER

11. Industry or business _____

MOTHER FATHER { 12. Name KING LEWIS
13. Birthplace MONROE Co., Mo
(City, town, or county) (State or foreign country)
14. Maiden name MANNIE LOU TARKELFO
15. Birthplace MONROE Co., Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dennis Kelly
(b) Address PARIS, Mo.

17. (a) BURIAL (b) Date thereof MAR. 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE
18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, Mo

19. (a) MAR. 1, 1944 (b) Raym. G. Galt
(Date received local registrar) (Registrar's signature)

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

APR 12 1944

MAR 2 2 1944

RECEIVED

District Health Officer No. 10

District File Number 3-44-522

Date Filed MAR 10 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 A. B. Blakey

Licensed Embalmer No. 3614

P. O. Address PARIS, 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.