

Maness

7873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 11

FILED FEB 24 1944

Registration District No. 245

Primary Registration District No. 3047

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

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:
710 Young St.
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Neosho
(If outside city or town limits, write "RURAL")

(d) Street No. 710 Young St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Glyde Alvin Lewis

3. (b) If veteran, name war _____

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 Edna Lewis

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased March 29 1911
(Month) (Day) (Year)

8. AGE: Years 32 Months 10 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Newton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Parts Manager

11. Industry or business Public Service Bus Co.

MOTHER FATHER { 12. Name Tom P. Lewis

13. Birthplace Newton County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nora Brown

15. Birthplace Newton County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Lewis

(b) Address 710 Young St. Neosho Mo.

17. (a) Burial (b) Date thereof 2-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation German Cemetery

18. (a) Signature of funeral director Bailey Thompson

(b) Address Neosho Missouri

19. (a) 2-9-1944 (b) Bailey Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4
year 1944 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb 1, 1944, to Feb 4, 1944
that I last saw him alive on Feb 4, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococcus - Meningitis Duration 3 days

Due to _____

Due to _____

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

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) ---

(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 C. E. Maness (M. D. or other) MD.
Address Box 86, Neosho, Mo. Date signed 2/8/44

1110

RECEIVED

District Health Officer No. 2-22-44
District File Number 244-29
Date Filed 2-22-44

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Barry Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.