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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1944

Registration District No. 98

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5364

State File No. 10846

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Rural. Liberty Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
1½ Mi. North Altamont, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31 0

(c) City or town Rural Liberty Township 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1½ Mi. North Altamont, Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME James Duane Lewis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased April (Month) 12 (Day) 1928 (Year)

8. AGE: Years 15 Months 11 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Warsaw (City, town, or county) Illinois (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name James M. Lewis 0
13. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Verna C. McQueen 0
15. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant James M. Lewis
(b) Address Altamont, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Ayr Cemetery

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Mo.

19. (a) 3-23-1944 (Date received local registrar) (b) L. O. Nicholson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1944 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from March 15, 1944, to March 21, 1944 that I last saw him alive on March 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia — Duration 4 days

Due to acute Bronchitis & pharyngitis

Due to acute appendicitis & Enteritis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

121.1

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 H W Bailey D O (M. D. or other)

Address Gallatin Mo Date signed 3/23/44

1084

(Licensed Embalmer's Statement on Reverse Side)

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 L. O. Richerson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.