

FILED JUN 13 1944

Registration District No. 38

Primary Registration District No. 2006

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellie Fiskel State Cancer Hosp
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 29 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME William H. 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
(b) Name of husband or wife Cornelia Lewis 6. (c) Age of husband or wife if alive years 12
7. Birth date of deceased July 12 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Millard A Lewis
13. Birthplace Howard County (City, town, or county) (State or foreign country)
14. Maiden name Lucy Mae Quitty
15. Birthplace Boone County (City, town, or county) (State or foreign country)

16. (a) Informant Dr. W. William Henry Lewis
(b) Address Fayette Mo. R. 4 D. 5

17. (a) Burial (b) Date thereof 5-24-44
(Burial, cremation, or removal) (Month) (Day)

(c) Place: burial or cremation Mount Pleasant Cemetery

18. (a) Signature of funeral director Guy T. Halley
(b) Address Fayette Missouri

19. (a) 5-19-1944 (Date received local registrar) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1944 hour 9:35 AM minute A.M.

21. I hereby certify that I attended the deceased from April 21 1944 to May 19 1944 that I last saw him alive on May 19 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration 16 days

Due to Post-operative

Due to 552

Other conditions Sarcoma of pelvis
(Include pregnancy within 3 months of death)

Major findings: Of operations Sarcoma apparently of psoas muscles
Of autopsy denied

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 E. P. Sugarbaker (M. D. or other) Address Columbia, Mo Date signed 5/19/44

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 6-10-44

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 _____
_____ working under my personal supervision.

Signed Ralph A. Carr
Registered Apprentice No. _____
Licensed Embalmer No. 3340
P. O. Address Jayette 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.