

FILED JUN 12 1944

Registration District No. **12227**

Primary Registration District No. **5422**

Registrar's No. **84**

1. PLACE OF DEATH

(a) County **Dunklin**  
(b) City or town **Kennett, Mo**  
(c) Name of ward or location: **Independent**  
(If outside city or town limits, write "RURAL" and name of township)  
(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

3. (a) PRINT FULL NAME **Lucy Lewis**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **70**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married **married**  
6. (b) Name of husband or wife **A. J. Lewis** 6. (c) Age of husband or wife if alive **60** years  
7. Birth date of deceased: **Sept 20 1890**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **8** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **Copy to Mo**  
(City, town, county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business: \_\_\_\_\_

12. Name: **Ruben Lewis**  
13. Birthplace: **Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name: **DK**  
15. Birthplace: **DK**  
(City, town, county) (State or foreign country)

16. (a) Informant: **Fred Lewis**  
(b) Address: **Kennett, Mo R#2**

17. (a) **Burial** (b) Date thereof: **5-6-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Pyramid Cem**

18. (a) Signature of funeral director: **W. H. [unclear]**  
(b) Address: **Retain Ark**

19. (a) **5/31/44** (b) **J. H. Blankenship**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Dunklin**  
(c) City or town **Kennett, Mo R#2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **31**  
year **1944** hour **12** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **May 24** 19**44** to **May 31** 19**44**  
that I last saw her alive on **May 24** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Decompensated Heart**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **95e2**  
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) **LD**  
(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: **Paul Baldwin** (M.D. or other) **11-10**  
Address: **Kennett Mo** Date signed: **5/31/44**

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

2  
13  
39  
35697

RECEIVED

District Health Office No. 2

District File Number 6-4-80

Date Filed 6-8-4

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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 John R. Casner

Licensed Embalmer No. 2912

P. O. Address Pector, Ark

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.