

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18429

FILED JUN 12 1944

Registration District No. 184

Primary Registration District No. 3032

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If notable city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Warrensburg Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 69 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY WHEELER LEWIS

3. (b) If veteran, name war no
3. (c) Social Security No. 500-10-7438

4. Sex male 5. Color or race white
6. (a) Single, widowed, divorced, married

6. (b) Name of husband or wife Annie Taylor Lewis
6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 8, 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 28
If less than one day hr. min.

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

10. Usual occupation Post engineer, Air Base

11. Industry or business same

12. Name Elijah Lewis

13. Birthplace Rochester, New York
(City, town, or county) (State or foreign country)

14. Maiden name Salina Barton

15. Birthplace Montreal Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Wheeler Lewis, Jr.
(b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof May 7, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri.
Canaday and Ropp

18. (a) Signature of funeral director Holden, Missouri.
(b) Address Holden, Missouri.

19. (a) May 10 1944 (b) Seale M. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. East 4th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1944 hour 1:40 minute A M.

21. I hereby certify that I attended the deceased from 4-16-44
19 to 5-3-44 19.

that I last saw him alive on 5-2-44 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 3 days

Due to 12/11

Due to

Other conditions Ruptured appendix
(Include pregnancy within 3 months of death)
Peritonitis

Major findings: Of operations Ruptured appendix

Of autopsy

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) (e) Means of injury

23. Signature: R. F. M. Kinney (M. D. or other)
Address Warrensburg Date 5-10-44

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

57
2
2

160!

JUN 22 1946

MAY 10 1946

DEC 9 1950

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..... *M. J. Canaday*

Licensed Embalmer No. *8484*

P. O. Address *Halden, 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.