

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18776

State file No. _____

FILED MAY 18 1944

Registration District No. _____

Primary Registration District No. 5863

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon Couch
(b) City or town Thayer One Grove Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 37 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Thayer (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Franklin Lewallen

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 Barbara Stroddle 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May 20 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 26 hr. min.

9. Birthplace Perry County Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name James Lewallen

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Rowden

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

16. (a) Informant Mrs. W. F. Lewallen

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 4/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem.

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer, Mo.

19. (a) 5-5-44 (b) Joe W. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration _____

Due to Chronic Endocarditis and other cardio-vascular

Due to degeneration of unknown origin

Other conditions thrombosis of the deep

(Include pregnancy within 3 months of death) varicella of right leg

Major findings: Of operations _____

Of autopsy none made

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 Walter Blaine (M. D. or other) _____

Address Manhattan, Kansas Date signed 4-24-44

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

75
0
0

75
0

1112

Allen

44

RECEIVED

District Health Officer No. 5,

District File Number 544311

Date Filed 5-17-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.