

FILED JUN 6 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6095

State File No. \_\_\_\_\_

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Schuyler  
(b) City or town Fabius, Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Schuyler  
(c) City or town Rural Fabius  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Downing (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Sheldon Lewis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Pearl Lewis 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased: Oct 9 1879  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name David Lewis  
13. Birthplace A  
(City, town, or county) (State or foreign country)  
14. Maiden name Cather Rollins  
15. Birthplace A  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Lewis

(b) Address Downing Mo

17. (a) Burial (b) Date thereof April 29 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Downing

18. (a) Signature of funeral director Lloyd Moore

(b) Address Downing Mo

19. (a) May 1 1944 (b) W. H. Justice  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1944 hour 1 minute 30 9 M.

21. I hereby certify that I attended the deceased from Oct 8 1943 to March 1st 1944  
that I last saw him alive on March 1st 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis (Pulmonary) Duration about 2 1/2 years

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

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

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

Major findings: 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) \_\_\_\_\_

(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 A. Drake (M. D. or other) \_\_\_\_\_

Address Downing Mo Date signed 5.1.44

1278

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 6-44-1040

Date Filed JUN 5 1944

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Dorsey 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.