

FILED JUL 5 1944
Registration District No. 9750

Primary Registration District No. 3727-4050

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Harrisburg
(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 1
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Boone, 10
(c) City or town Harrisburg, 0
(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 _____ 0

3. (a) PRINT FULL NAME Mary Katherine Lewis

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased Sept-9th 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

MOTHER FATHER { 11. Industry or business _____
12. Name Johnson Lewis
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Malinda Joseph
15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Thornhill
(b) Address Harrisburg, Mo.
17. (a) Burial (b) Date thereof 6-14th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisburg
18. (a) Signature of funeral director Guy T. Hall
(b) Address Fayette, Mo.

19. (a) June 20, 1944 (b) Mrs. Anna Drane
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12
year 1944 hour 3 minute 0 a.m. / p.m.

21. I hereby certify that I attended the deceased from 6-6-44
_____ 19____ to 6-13-44 19____
that I last saw her alive on 6-11-44 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy 6-6-44
Due to _____

Due to Hypertension chronic Several years

Other conditions (Include pregnancy within 3 months of death) §32a1

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 D. L. Coffman (M. D. or other) MD
Address Fayette, Mo. Date signed 6-13-44

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

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed..... 7-1-44

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..... *Guy J. Halley*

Licensed Embalmer No. *2966*

P. O. Address..... *Fayetteville, 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.