V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 21560

Registrar's No. 531

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 828 W. Monroe 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")

(d) Street No. 828 W. Monroe 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Lewis

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Virgia Lewis

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April (Month) 12, (Day) 1882 (Year)

8. AGE: Years 62 Months 2 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Leavenworth, (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Manager

11. Industry or business Cab Company

FATHER
12. Name Hesse Lewis
13. Birthplace Unk (City, town, or county) Unk 4 (State or foreign country)

MOTHER
14. Maiden name Carrie Aberle
15. Birthplace Unk (City, town, or county) Unk 4 (State or foreign country)

16. (a) Informant Mrs. Virgia Lewis 1
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 6-27-44 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th year 1944 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Jul. 15, 1943 to June 24, 1944; that I last saw him alive on May 9, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death coronary occlusion	4 min
Myocardial Insufficiency	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93e1	

Major findings: None
Of operations
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Lester R. Webb (M. D. ~~or other~~)
Address Springfield, Mo. Date signed 6/26/44

944 (Licensed Embalmer's Statement on Reverse Side)

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Springfield Me

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.