V. S. No. 2
00M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22352

Registration District No. 303 Primary Registration District No. 6044 Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County RIPLEY

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

(c) Name of hospital or institution:
AT HOME RURAL.
(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 ALL HIS LIFE.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Ripley. 91

(c) City or town 2 Mi. north of Bardley, 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LOYAL EUGENE LEWIS.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or WHITE

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

6. (b) Name of husband or wife MABLE BANKS

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August (Month) 6. (Day) 1890. (Year)

8. AGE: Years 53. Months 10. Days 28. If less than one day hr. min.

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

10. Usual occupation Farming.

11. Industry or business

FATHER
12. Name Wyley Lewis,
13. Birthplace (City, town, or county) Tennessee. (State or foreign country) 1

MOTHER
14. Maiden name Laughlin
15. Birthplace (City, town, or county) Tennessee. (State or foreign country) 1

16. (a) Informant Mrs, Mable Lewis, (wife).
(b) Address Bardley, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6- (Month) -44. (Day) (Year)
(c) Place: burial or cremation Pine, Mo.

18. (a) Signature of funeral director F. E. Jordan,
(b) Address Doniphan, Mo.

19. (a) 6- 8, 44 (Date received local registrar) (b) G. G. Sprague (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3.
year 1944. hour minute M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on 6-3-, 1944, to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by shooting in right temple with 22 caliber rifle.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

164 C

Major findings:
Of operations

Of autopsy

Duration

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) Suicide

(b) Date of occurrence 6-3-1944

(c) Where did injury occur? Ripley County (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
(Specify type of place)

While at work? (e) Means of injury Rifle

23. Signature Edw. Adamson (M. D. ~~or other~~ Coroner)

Address Doniphan, Mo. Date signed 6-6-44

676

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 744373
Date Filed 7-5-44

MAR 3 1947

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 W. E. Jordan

Licensed Embalmer No. 32001

B. O. Address Doniphan 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.