V. S. No. 2
00M—8-43
ev. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24338

Registration District No. 53 Primary Registration District No. 3010. Registrar's No. 229.

1. PLACE OF DEATH:
(a) County CAPE CO.
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 DAYS (Specify whether years, months or days)
In this community 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County STODDARD
(c) City or town BELL CITY 103
(If outside city or town limits, write "RURAL")
(d) Street No. 0 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CECIL LEWIS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN. (Month) 4 (Day) 1886 (Year)

8. AGE: Years 58 Months 6 Days 13 If less than one day hr. min.

9. Birthplace SALINE CO. (City, town, or county) ILL. (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name WM REYNOLDS
13. Birthplace SALINE CO. (City, town, or county) ILL. (State or foreign country)
MOTHER
14. Maiden name ANN MIFFLIN
15. Birthplace SALINE CO. (City, town, or county) ILL. (State or foreign country)
16. (a) Informant Lee Lewis
(b) Address Bell City, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7 19 44 (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANT GROVE BELL CITY
18. (a) Signature of funeral director BISSLINGHOFF + HUBBARD
(b) Address CHAFFEE, MO.
19. (a) 7-22-44 (Date received local registrar) (b) F. M. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17th year 1944 hour 5 minute 45 P.M.
21. I hereby certify that I attended the deceased from 7/9, 1944, to 7/15, 1944, that I last saw he alive on 7/17/44, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral apoplexy
Due to
Due to Hypertension
Other conditions Diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 61

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 C. Smith (M. D. or other) MA
Address Cape Girardeau Mo Date signed 7/19/44

1014 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 844-4182
Date Filed 8-7-44

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. Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson, 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.