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

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

Dr. S. P. Martain

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1944

Registration District No. 238

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5823

State File No. 25285

Registrar's No. 32

**1. PLACE OF DEATH:**

(a) County: New Madrid

(b) City or town: Rural New Madrid Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 4 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Arkansas (b) County: Union

(c) City or town: 28 miles, South of Eldorado, Ark. (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME: MILTON LARKINS LEWIS

3. (b) If veteran, name war: ✓

3. (c) Social Security No. None

4. Sex: M.

5. Color or race: W.

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

6. (b) Name of husband or wife: Annie Maude Lewis

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: June (Month) 21 (Day) 1874 (Year)

8. AGE: Years 70 | Months | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace: Fayette County (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Matthew Jack Lewis

13. Birthplace: Scott County (City, town, or county) Mississippi (State or foreign country)

14. Maiden name: Mary Henson

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Annie Maude Lewis

(b) Address: Matthews, Mo. Rt 2. Box 38

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-27-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Dogwood

18. (a) Signature of funeral director: Davis Shelly

(b) Address: East Prairie, Mo.

19. (a) 8-5-44 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 25 year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from ___, 1942 to ___, 1944 that I last saw him alive on Oct ___, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteio-Sclerosis

Cerebral Hemorrhage

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

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):

(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:

23. Signature: S. P. Martin (M. D.)

Address: East Prairie Mo. Date signed: 6-26-44

1368

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 844-1125
Date Filed 8-11-44

**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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.**