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ev. 5-17-39
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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 31 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25575

Registration District No. 316 Primary Registration District No. 6075 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 das. (Specify whether
In this community 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 94

(c) City or town Bloomfield
(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 0

3. (a) PRINT FULL NAME GUILE M. LEWIS

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 500-18-1361

4. Sex Male 0

5. Color or race W.

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

6. (b) Name of husband or wife Isabel Proffer Lewis

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

7. Birth date of deceased January (Month) 28, (Day) 1905 (Year)

8. AGE: Years 39 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation Linesman and farmer

11. Industry or business

FATHER
12. Name George Lewis
13. Birthplace Bloomfield (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Brewer
15. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem., Bloomfield, Mo.

18. (a) Signature of funeral director Childs' Funeral Home
(b) Address Bloomfield, Mo.

19. (a) 7-8-44 (Date received local registrar) (b) Forrest Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25, year 1944 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 16, 1944 to June 25, 1944 that I last saw him alive on June 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Manic exhaustion State

Due to Manic depressive psychosis Manic phase

Due to

Other conditions (Include pregnancy within 3 months of death) 848

Major findings:
Of operations

Of autopsy No 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 [illegible] (M. D. or other) md

Address 408 W. First Date signed 7-7-44

1013 (Licensed Embalmer's Statement on Reverse Side) Farmington, Mo.

RECEIVED

District Health Officer No. 4

District File Number 244-4113

Date Filed 2-28-44

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 Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.