No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 31 1944

Registration District No. 23

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6148

State File No. 25906

Registrar's No.

**1. PLACE OF DEATH:**

(a) County Stoddard

(b) City or town Bloomfield Rural Center Sec

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

(c) Name of hospital or institution: None

(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 Years

years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Stoddard 103

(c) City or town Bloomfield Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ADRA LENER HUDSON LEWIS

3. (b) If veteran, name war ----- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. A. Lewis 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased June (Month) 16 (Day) 1875 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 69 | -- | 12 | hr. min. |

9. Birthplace ------ (City, town, or county) Texas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Chrisman
13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant W. A. Lewis
(b) Address Bloomfield, Mo. R # 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-44 (Month) (Day) (Year)

(c) Place: burial or cremation Walker cemetery

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) 7/20/44 (Date received local registrar) (b) Pearl Chune (Registrar's signature)

1130

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 28th year 1944 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from 6-10, 1944, to 6-26, 1944 that I last saw her alive on 6-26, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death CHRONIC MYOCARDITIS | unknown |
| Due to ARTERIOSCLEROSIS | " |
| Due to | |
| Other conditions HYPERTENSION (Include pregnancy within 3 months of death) | " |

Major findings:
Of operations
Of autopsy

93d

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 [signature] (M. D. or other) 7-10-44
Address Bloomfield, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No 2,
District File Number 244-1081
Date Filed 8-9-44

## 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 Lulu Cooper

Licensed Embalmer No. 3499

P. O. Address Bloomfield, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**