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M-8-43
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28244

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 21 1944

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 87

61
3
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Macon

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

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

(d) Length of stay: In hospital or institution 2 Hour
(Specify whether)

In this community Macon, Missouri
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Brookfield
(If outside city or town limits, write "RURAL") 2

(d) Street No. 112 S. Pearl
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME EARL WAYNE LEWIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1944 hour 4:50 P minute _____ M.

21. I hereby certify that I attended the deceased from Aug 9 1944 to Aug 9 1944

that I last saw him alive on Aug 9 1944 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

(b) Name of husband or wife Marion Lewis

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Mar - 23 - 1915
(Month) (Day) (Year)

Immediate cause of death Extensive burns Duration 4 1/2 hrs
Whole body surface, face - fracture facial bones

Due to Railroad accident - engine turned over

Due to _____

8. AGE: Years 29 Months 4 Days 17 If less than one day hr _____ min _____

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

Other conditions _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business R R Fireman

12. Name Albert Lewis

13. Birthplace Chariton Mo
(City, town, or county) (State or foreign country)

14. Maiden name Armeda Thomas

15. Birthplace Randall Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Lewis

(b) Address Brookfield Mo

17. (a) Burial (b) Date thereof Aug - 12 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director Will Myneral, Home

(b) Address Brookfield Mo

19. (a) 8/11/44 (b) J. P. Honora
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 112

(b) Date of occurrence Aug 9 - 1944

Where did injury occur? Shellmou MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place?
CB & R. 1/2 mile out Shellmou

While at work? yes (e) Means of injury _____

23. Signature J. P. Honora (M. D. or other) _____

Address Macon Mo Date signed 8/11/44

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22/44

OCT 13 1947

AUG 23 1944

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 J. H. Blacklock
Licensed Embalmer No. 2246
P. O. Address Brookfield 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.