

AUG 23 1944

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 228

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution O. J. Feversing Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 824 N. Sexton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Minnie Sarah Lewis

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color Tegro 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Geo Lewis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: (Month) 11 (Day) 19 (Year) 77

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29 year 44 hour 3 minute 10 P.M.
21. I hereby certify that I attended the deceased from May 25 1944 to June 29 1944
that I last saw her alive on June 29 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to _____
Due to _____

Other conditions Nephritis
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION
Underline the cause to which death should be charged statistically.

8. AGE: Years 65 Months 7 Days 19 If less than one day _____ hr _____ min.

9. Birthplace: Rolla Mo (City, town, or county) Mo (State of foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Willey Woods

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

14. Maiden name Eliza

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

16. (a) Informant Mrs Jennora Harris

(b) Address 824 N. Sexton

17. (a) Burial (b) Date thereof 7-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Cem

18. (a) Signature of funeral director Geo E Roberts

(b) Address Hannibal

19. (a) 7-7-44 (b) R. W. Connor
(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) _____
(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 Dr. G. M. Fox (M. D. or other) July 6 1944
Address Hannibal Mo Date signed _____

1146

(Licensed Embalmer's Statement on Reverse Side)

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

FILED
1 X37823
3
4

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

H. G. Roberts

Licensed Embalmer No. *2113*

P.O. Address *Hannibal 770*

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.