S. No. 2
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7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 12 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28568

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 80

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Cullen Township (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: 85

(a) State Missouri (b) County Pulaski 0
(c) City or town Cullen Township (Rural) 0
(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 Stephen Lewis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced widower 2
6. (b) Name of husband or wife Margarett Lewis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Not Known (Month) (Day) (Year)

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

9. Birthplace Sherman, Texas (City, town, or county) / (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Wesley Lewis
13. Birthplace Virginia (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace Virginia (City, town, or county) / (State or foreign country)
16. (a) Informant David W. Lewis
(b) Address Phillipsburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Bradford Cemetry
18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker, Missouri
19. (a) Jun 29-1944 (Date received local registrar) (b) Chas McDodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1944 hour minute M.
21. I hereby certify that I attended the deceased from July 12, 1944 to July 18, 1944
that I last saw him alive on July 17, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of the intestine (Carcinoma)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46

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 2
23. Signature R. O. Dewitt (M. D. or other) D.O.
Address Waynesville, Mo Date signed 8-27-44

1170

(Licensed Embalmer's Statement on Reverse Side)

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 Paul B. Koop

Licensed Embalmer No. 3261

P. O. Address Waynesville 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.