

S. No. 2
DM-2-43
7-5-17-39
-I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40814**

FILED JAN 30 1945

Primary Registration District No. **3010**

Registrar's No. **422**

1. PLACE OF DEATH:

(a) County Cape Girardeau, Mo

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

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

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

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau, Mo

(c) City or town Cape Girardeau
(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 _____

3. (a) PRINT FULL NAME David Ruel Lewis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th
year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 14th 1944, to Dec 16 1944,
that I last saw him alive on Dec 16th 1944,
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race CAUC

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased DEC 14 1944
(Month) (Day) (Year)

Immediate cause of death immaturity

Duration 2 days

Due to _____

Due to 159

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

8. AGE: Years _____ Months _____ Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Ruebe Lewis

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

14. Maiden name Myra Rose

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

16. (a) Informant Mrs R Lewis

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 12-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summer Center

18. (a) Signature of funeral director J. F. Jewell

(b) Address Cape Girardeau Mo

19. (a) 1226-44 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. H. Cochran (M. D. number) 0

Address Cape Girardeau, Mo Date signed 1/16/45

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

MOTHER FATHER

101 Y

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 145-72

Date Filed 1-8-45

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau 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.