S. No. 2
M—1-4-41
. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41170

FILED DEC 21 1944

Registration District No. 1

Primary Registration District No. 2000

Registrar's No. 920

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

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution 3 MONTHS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County GREENE

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

(d) Street No. 902 - E - CENTRAL
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JORDAN J. LEWIS

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male

5. Color or race NEGRO

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

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased SEPT. (Month) 9 (Day) 1879 (Year)

8. AGE: Years 65 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Mt. VERNON (City, town, or county) O Mo (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name HERMAN LEWIS
13. Birthplace (UNKNOWN) (City, town, or county) O (UNKNOWN) (State or foreign country)

MOTHER
14. Maiden name JO-ANN UNK.
15. Birthplace (UNKNOWN) (City, town, or county) O UNK. (State or foreign country)

16. (a) Informant ALICE NICHOLS
(b) Address 902 - E - CENTRAL - Spfd, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12 - 18 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. VERNON CEMETERY

18. (a) Signature of funeral director Herbert V Smith
(b) Address 712 - A - Jefferson Spfd, Mo

19. (a) 12-18-44 (Date received local registrar) (b) Dr M E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1944 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from Sept 15 1944, to Dec 15 1944 that I last saw him alive on Dec 15 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Shock — Duration

Due to Prostatectomy Prostatic Hypertrophy Yrs

Due to (Carcinomatous)

Other conditions Myocardial insufficiency Yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations (Carcinomatous Prostate)
Of autopsy

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 E Allen Johnson (M. D. or other)
Address Spfd, Mo Date signed 12-16-44

(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 Herbert Y Smith

Licensed Embalmer No. 4286

P. O. Address Springfield Ohio

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.