S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41171

Registration District No. 12

Primary Registration District No. 4200

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove Mo
(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 1 (Specify whether
In this community All His Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39

(c) City or town Ash Grove 1
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Loda Farris Lewis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Pearl Lewis

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

7. Birth date of deceased 7 (Month) 30 (Day) 1881 (Year)

8. AGE: Years 63 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation Quarry Laborer

11. Industry or business

FATHER
12. Name Bud Lewis
13. Birthplace Kenn (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Sarah K. Darnell
15. Birthplace Mo (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs Pearl Lewis
(b) Address Ash Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Grove Cem-

18. (a) Signature of funeral director Morris Gleiman
(b) Address Ash Grove Mo

19. (a) Nov. 8-1944 (Date received local registrar) (b) J W Birch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day Fourth year 1944 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov 2, 1944, to Nov 4, 1944; that I last saw him alive on Nov 3, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tularemia	2 wks.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

26a

Major findings:
Of operations
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 2

23. Signature Homer F. Matz (M. D. or other) D.O.
Address Ash Grove, Mo Date signed 11-8-44

1254

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 44-12-93
Date Filed 12/14/44

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 Maude O. Morris

Licensed Embalmer No. 2066

P. O. Address Ash Grove 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.