

FILED FEB 7 1945

State File No.

Registration District No. 16

Primary Registration District No. 5075

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution:
10 miles S.E. of Lamar, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 50 years / (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Rural Golden City, Twp
(If outside city or town limits, write "RURAL")

(d) Street No. 10 miles S.E. of Lamar, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Ben Lewman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Sarah Andrews

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

7. Birth date of deceased March 7 1873
(Month) (Day) (Year)

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

71	9	27	hr. min.
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9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farm

11. Industry or business Farm

MOTHER FATHER

12. Name Preston Lewman

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Louise Jane Mars

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

16. (a) Informant Mrs. Cora McCoy

(b) Address 1001 East Austin, Nevada, Mo.

17. (a) Burial (b) Date thereof 1-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moorehead Lamar, Mo.

18. (a) Signature of funeral director Gibson Funeral Home

(b) Address 1201 Broadway Lamar, Mo.

19. (a) 1-6-45 (b) Alice Ketterlund
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6, year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Probably Coronary occlusion

Due to had been dead 10 to 12 hours when found.

Due to _____

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

Major findings: _____

Of operations: _____

Of autopsy: _____

Duration

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature C. E. Duesett (M. D. or other) M. D. Corner

Address Lamar, Missouri Date signed 1-6-45

RECEIVED

District Health Officer, No. 6,

District File Number 243-151

Date Filed FEB 5 1945

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.....



Licensed Embalmer No. 4137

P. O. Address 1201 Bdwy Lamar, 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.