

FILED FEB 24 1945

Primary Registration District No. 4113

Registrar's No. _____

1. PLACE OF DEATH:

(a) County CHARITON
(b) City or town BRUNSWICK
(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 years, months or days)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHARITON
(c) City or town BRUNSWICK
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGIE ELLA LEWIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race COL 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ISAAC 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased AUGUST 27 1888 (Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 9 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name LEWIS MOREHEAD

13. Birthplace HOWARD CO. MO (City, town, or county) (State or foreign country)

14. Maiden name DON'T KNOW

15. Birthplace DON'T KNOW (City, town, or county) (State or foreign country)

16. (a) Informant Isaac Lewis

(b) Address BRUNSWICK MO

17. (a) BURIAL (b) Date thereof 1-9-1945 (Month) (Day) (Year)

Place: burial or cremation BRUNSWICK MO

Signature of funeral director _____

Address BRUNSWICK MO

(a) 1-9-1945 (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY Day 6 Year 1945 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from July 2 1944 to Jan 4 1945 and that I last saw her alive on Jan 4 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis or Atherosclerosis of the Heart

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

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) (a) Means of injury _____

23. Signature J. L. Fickel Date signed Jan 5 1945 (M. D. or other) Address _____ Date signed Jan 5 1945

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number _____
Filed 2-13-45

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 L. W. McEisel
Licensed Embalmer No. 823
P. O. Address Brunswick 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.