

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3889

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Wayne
(b) City or town Piedmont
(c) Name of hospital or institution: ...
(d) Length of stay: In hospital or institution 21 years
In this community 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wayne
(c) City or town Piedmont
(d) Street No. ...
(e) Citizen of foreign country? ...

3. (a) PRINT FULL NAME George Lee Lewis, Jr.
3. (b) If veteran, name war World war 2
3. (c) Social Security No. 488-26-7237
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 1923 years
7. Birth date of deceased April 20 1923

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 25 year 1944 hour 2:30 minute A. M.
21. I hereby certify that I attended the deceased from ...
that I last saw him alive on ...
and that death occurred on the date and hour stated above.

8. AGE: Years 21 Months 8 Days 5

Immediate cause of death accidental discharge of rifle he held in his hands
Duration

9. Birthplace Piedmont, Mo.

Due to ...

10. Usual occupation U.S. Navy
11. Industry or business EMIC, USNR

Other conditions ...

12. Name George Lee Lewis
13. Birthplace Piedmont Mo.
14. Maiden name Lura Mae Clark
15. Birthplace Piedmont Mo.

Major findings:
Of operations ...
Of autopsy ...

16. (a) Informant George Lee Lewis
(b) Address Piedmont, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 12-25-1944
(c) Where did injury occur Piedmont, Wayne Co., Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

17. (a) Burial (b) Date thereof Dec. 29 1944
(c) Place: burial or cremation Masonic Cem

While at work? No (2) Means of injury Gun shot

18. (a) Signature of funeral director Norman W. Clark
(b) Address Piedmont, Mo.

23. Signature of physician ... (M. D. or other) ...
Address Piedmont, Mo. 3 Date signed 12-28-1944

19. (a) Jan. 19-1945 (b) Mrs. Lattie Mearns
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 4

District File Number 145-148

Date Filed 1-23-45

FEB 1 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

Norman W. Gish

Licensed Embalmer No. 3382

P. O. Address

Indianapolis, Ind.

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.