

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9332**
Registrar's No. **74**

FILED APR 11 1945

Registration District No. **53** Primary Registration District No. **3010**

1. PLACE OF DEATH:
 (a) County **Cape Girardeau**
 (b) City or town **Cape Girardeau**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Southwest Mo. Hospital**
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution **5 Hours** (Specify whether
 In this community **5 Hours** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **New Madrid**
 (c) City or town **Portageville** **75**
 (If outside city or town limits, write "RURAL") **6**
 (d) Street No. **0** (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **WILLIE LEE LEWIS**
 3. (b) If veteran, name war **NO**
 3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan** day **31**
 year **1945** hour **12:45** minute **2** A.M.
 21. I hereby certify that I attended the deceased from
Jan 30 19**45** to **Jan 31** 19**45**
 that I last saw him alive on **Jan 30** 19**45**
 and that death occurred on the date and hour stated above.

4. Sex **M. g** 5. Color or race **COLORED**
 6. (a) Single, widowed, married, divorced **SINGLE**
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **MAY - 30 - 1930**
 (Month) (Day) (Year)

Immediate cause of death
3rd degree burns over right of body
 Duration **3 hrs.**

8. AGE: Years **14** Months **8** Days **1**
 If less than one day **hr. min.**

Due to
 Due to

9. Birthplace **UNK** **ARK. 1**
 (City, town, or county) (State or foreign country)

Other conditions **None**
 (Include pregnancy within 3 months of death)

10. Usual occupation **School**

11. Industry or business

Major findings:
 Of operations **None**
 Of autopsy **None**
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name **A. B. LEWIS**
 13. Birthplace **UNK** **UNK**
 (City, town, or county) (State or foreign country)
 14. Maiden name **F. A. CRUEL**
 15. Birthplace **UNK** **ALABAMA**
 (City, town, or county) (State or foreign country)

16. (a) Informant **George Cruel**
 (b) Address **Portageville, Mo**
 17. (a) **Burial** (b) Date thereof **2-1-45**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Portageville**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident**
 (b) Date of occurrence **1-30-45**
 (c) Where did injury occur? **Portageville New Madrid Mo**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home burned
 (Specify type of place)
 While at work? **no** (e) Means of injury **Burne**

18. (a) Signature of funeral director **Richard and Co**
 (b) Address **New Madrid, Mo.**
 19. (a) **3-9-45** (b) **F. D. Phelps**
 (Date received local Registrar) (Registrar's signature)

23. Signature **R. C. Conard** (M.D. or other) **M.D.**
 Address **Portageville, Mo** Date signed **1-31-45**

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

6
1
4

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 445-459

Date Filed 4-9-45

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 *Paul Embalmed*

Licensed Embalmer No.....

P. O. Address.....

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.