No. 2
M—2-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10845

Registration District No. 340 — Primary Registration District No. 6225 — Registrar's No. 52

1. PLACE OF DEATH:

(a) County: Vernon Co.
(b) City or town: Washington Township
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Months 27 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Greene
(c) City or town: Springfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 1324 E. McDaniel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Estella Lewis
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F.
5. Color or race: White
6. (a) Single, widowed, married, divorced:
6. (b) Name of husband or wife: Robert B. Lewis
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: Feb. (Month) 19th (Day) 1887 (Year)

8. AGE: Years 58 Months 1 Days 27 If less than one day hr. min.

9. Birthplace: Carder (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
MOTHER FATHER
12. Name: Wm. Carlton
13. Birthplace: Ala. (City, town, or county) Alabama (State or foreign country)
14. Maiden name: Sarah Jackson
15. Birthplace: Cordell (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Hospital Records
(b) Address: Nevada, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Springfield, Mo.
18. (a) Signature of funeral director: Mark Berberger
(b) Address: Nevada, Mo.
19. (a) 3-27-45 (Date received local registrar) (b) Hazel B. Beard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th year 1945 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from March 27th, 1945, to March 27th, 1945, that I last saw her alive on March 27th, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to:

Due to:

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

Major findings:
Of operations: None
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:
23. Signature: W. P. Summers (M. D. or other)
Address: Nevada, Mo. Date signed 3/27/45

1331 (Licensed Embalmer's Statement on Reverse Side)

DEC 13 1945

NOV 16 1945

RECEIVED
District Health Officer No. 7,
District File Number 3-45-281
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 Mark E. Eichinger

Licensed Embalmer No. 2687

P. O. Address Nevada, 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.