

S. No. 2
M. 8-13
5-17-39
P. 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12699
Registration District No. 6
Primary Registration District No. 3001
Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County Paducah
(b) City or town Vandalia
(c) Name of hospital or institution:
812 Clay 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 months
(Specify whether
In this community 9 months
years, months or days)

3. (a) PRINT FULL NAME CHARLIE LEWIS
3. (b) If veteran, name war XX
3. (c) Social Security BLIND PEN. No.

4. Sex MALE 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife EVA LEWIS
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Nov 25 1896
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 20
If less than one day hr. min.

9. Birthplace New Florence Mo U
(City, town, or county) (State or foreign country)

10. Usual occupation Clay miner

11. Industry or business

MOTHER FATHER { 12. Name GEORGE LEWIS
13. Birthplace Callaway Mo U
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Stuart
15. Birthplace unknown U
(City, town, or county) (State or foreign country)

16. (a) Informant Eddie Lewis (brother)

(b) Address New Florence Mo

17. (a) Burial (b) Date thereof Mar 17 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia Mo

19. (a) March 16 45 (b) Mattie Eugene
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Paducah
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. 812 Clay 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15
year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from March 8
9 1945 to March 15 1945
that I last saw h alive on March 9 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiomy sclerosis
Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 94w
Of autopsy _____

22. If death was due to external causes, fill in the following:
(c) 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. H. Bland (M. D. or other) _____
Address Vandalia Date signed 3/16/45

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1073

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 4-45-564

Date Filed APR 13 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. 74295

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.