V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24126

State File No.

FILED AUG 24 1945

Registration District No. 4

Primary Registration District No. 4235

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Annapolis
(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 ..... (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Annapolis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Rose Effie Lewis

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex / Fem

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John A. Lewis

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August (Month) 8th. (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	10	26	hr. min.

9. Birthplace Iron County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Martin
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Drew Lewis
(b) Address Annapolis Mo.

17. (a) burial (b) Date thereof 8-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Annapolis Mo Norman White & Sons

18. (a) Signature of funeral director Ironton Mo.
(b) Address A. J. White

19. (a) July 10-45 (b) Mrs F. E. Howard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1945 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 3, 1945, to July 4, 1945
that I last saw her alive on July 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to

Due to

Other conditions Remittant malaria infection
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 2 8 d

Duration

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 E. M. Fitzpatrick (M. D. or other)

Address Lester Alle Mo Date signed 7/7/45

1363

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 845-920
Date Filed 8-8-45

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 Arnold J. White

Licensed Embalmer No. 2012

P. O. Address Boston Mass.

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.