

S. No. 2
M-5-43
7-5-17-39
I X3687

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED OCT 17 1945 STANDARD CERTIFICATE OF DEATH

32930

State File No.

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 209

1. PLACE OF DEATH
(a) County Adair
(b) City or town Irishville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
309, E Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 12 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair
(c) City or town Irishville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 309 E Washington 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRIETTA E. LEWIS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 14 year 1945 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from Sept. 4 1945, to Sept. 14 1945, that I last saw h. et. alive on Sept. 12 1945, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
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 Jan 3 1871
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage Duration 10 days

8. AGE: Years Months Days If less than one day
74 8 11 hr. _____ min.

Due to Renal Hypertension 20 yrs.
Due to _____

9. Birthplace Knott Co Mo - 1
(City, town, or county) (State or foreign country)
10. Usual occupation Sales Lady

Other conditions: (Include pregnancy within 3 months of death)
Major findings: -Of operations _____
Of autopsy 830

11. Industry or business _____
12. Name John T. Lewis
13. Birthplace Harrodsburg Ky
(City, town, or county) (State or foreign country)
14. Maiden name Juliana Buford
15. Birthplace Coloson Mo. 1
(City, town or county) (State or foreign country)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury 2

16. (a) Informant Julia B. Gregory
(b) Address Irishville Mo
17. (a) (Burial, cremation, or removal) La Belle (b) Date thereof 9-17-45
(Month) (Day) (Year)
(c) Place: burial or cremation La Belle

23. Signature Howard E. Gross (M. D. or other) Ill.
Address Irishville Mo. Date signed 9-15-45

18. (a) Signature of funeral director Summer Powell
(b) Address Irishville Mo
19. (a) 9-16-45 (b) Dr. J. H. Wagner
(Date received local registrar) (Registrar's Signature)

10 X (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

OCT 24 1945

RECEIVED

District Health Officer No. 10

District File Number 10-45-1508

Date Filed OCT 16 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 *W. C. Summers*.....

Licensed Embalmer No. *2159*.....

P. O. Address *Nashville, Tenn.*.....

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.