S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

State File No. 34354

FILED NOV 10 1945

Registration District No. 273 Primary Registration District No. 3053 Registrar's No. 123

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mc Farland Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps 81
(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")
(d) Street No. 115 So Oak 2
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Homer Woodrow Lewis Jr.
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced S. 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct. (Month) 4 (Day) 1945 (Year)

8. AGE: Years – Months – Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Rolla (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
FATHER
12. Name Homer W. Lewis
13. Birthplace Edgar Springs Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lillian V. Merritt
15. Birthplace Sullivan Mo (City, town, or county) (State or foreign country)
16. (a) Informant Homer Lewis
(b) Address 115 So Oak Rolla
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/45 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cem.
18. (a) Signature of funeral director Nuell Gan
(b) Address Rolla Mo
19. (a) Oct. 18, 1945 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1945 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from October 16, 1945, to Oct. 16, 1945;
that I last saw him alive on Oct. 16, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia, Bilateral	6 hrs
Due to: Congenital malformation lungs	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	168
Major findings: Of operations	
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 M.D.
23. Signature M K Underwood (M.D. or other)
Address Rolla, Mo Date signed 10-19-45

1403

(Licensed Embalmer's Statement on Reverse Side)

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 S. L. [illegible]

Licensed Embalmer No. 3397

P. O. Address Rolla 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.