

No. 2
3-43
5-17-39
X37823

FILED DEC 6 1945

Registration District No. 184

Primary Registration District No. 3038

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

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarney's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Bucklin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Washington Lewis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Brooks Lewis 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased 84 9 28
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 9 28 hr. _____ min.

9. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Lewis

13. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Montgomery

15. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marsh Bettis

(b) Address Mareline Mo

17. (a) Burial (b) Date thereof Nov 6 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Olivet

18. (a) Signature of funeral director James M. Laughlin

(b) Address Mareline Mo

19. (a) 11/6/45 (b) Evelyn Kelly Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1945 hour 4 minute 26 A.M.

21. I hereby certify that I attended the deceased from Nov 2 1945 to Nov 4 1945.
that I last saw him alive on Nov 4 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 3 days
Due to Coronary arteriosclerosis HT

Due to _____

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

Major findings: Of operations _____
Of autopsy 83/6
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? _____

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

23. Signature Boy Refaley (M. D. or other) MD

Address Brookfield Mo Date signed 11/6/45

1468

DEC 10 1945

RECEIVED
District Health Officer No. 11,
District File Number.....
Date Filed.....

DEC 19 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..... Dale Bunch
Licensed Embalmer No..... 4088
P. O. Address..... Marcelline

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.