S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 3 1946

State File No. 40379

Registration District No. 40 Primary Registration District No. 40 W Registrar's No.

1. PLACE OF DEATH:
(a) County: ATCHISON
(b) City or town: ROCK PORT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Carrie Van Meter Lewis

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: ATCHISON
(c) City or town: ROCK PORT
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CAROLINE VANMETER LEWIS
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 9 (Month) 3 (Day) 1848 (Year)

8. AGE: Years 97 Months 3 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace: CHARLOTTSVILLE (City, town, or county) IND. (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name: JOHN VANMETER
13. Birthplace: UNKNOWN (City, town, or county) VIRGINIA (State or foreign country)
14. Maiden name: ETHEL EARL
15. Birthplace: UNKNOWN (City, town, or county) INDIANA (State or foreign country)
16. (a) Informant: Mrs Tyler Weltzer
(b) Address: Omaha Neb.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 1-2-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: GREENHILL
18. (a) Signature of funeral director: BARTHOLOMEW MORTUARY
(b) Address: Rock Port Mo
19. (a) 12-31-45 (Date received local registrar) (b) Betty Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1945 hour 5 minute P M.
21. I hereby certify that I attended the deceased from Dec 24 19 45, to Dec 30 19 45
that I last saw her alive on Dec 30 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Congestion and Debility — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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
23. Signature: Chas. T. Little (M. D. or other) M.D.
Address: Rock Port Mo Date signed 12-31-45

1577

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1948

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 Gratz Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Iowa
County of Fremont } ss.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 40379-45

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 29th day of January, 1946 before me appears Harriett C. Smalley, who, upon her oath, states that the original record of ~~birth~~ death for Carrie Vanmeter Lewis, ~~born~~ died Dec 30, 1945, in the State of Missouri, and which was filed at ..... on ....., 19..., should be corrected as follows:

Item No. 3a should read Carrie Vanmeter Lewis

Instead of Caroline Vanmeter Lewis

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Harriett C Smalley Sister
Relationship.

Hamburg, Ia
Present Address.

Subscribed and sworn to before me this 29 day of January, 1946.

My Commission expires July 4, 1948 Ralph R. Beal Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-8-42
X33820