

FILED JAN 5 1946
Registration District No. 209

Primary Registration District No. 3043

373

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 216 S Arch St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 years
In this community 44 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 216 S Arch 4
(If rural, give location)
(e) Citizen of foreign country? No 0
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martin A. Lewis

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

4. Sex Male 2 5. Color or race negro 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Nellie Lewis 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March 7 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 6 If less than one day
hr. _____ min. _____

9. Birthplace Louisiana Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Douglas High School

12. Name Ed Stewart

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Harriett

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Lewis

(b) Address 216 S Arch, Hannibal, Mo.

17. (a) Burial (b) Date thereof Dec. 15, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Missouri

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) Dec 14 45 (b) Dr E M Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1945 hour 8 minute 1 A. M.

21. I hereby certify that I attended the deceased from Sept 29, 1945, to Dec 13, 1945
that I last saw him live on Dec 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Hypertension
Paralysis on left side

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
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 0

23. Signature Dr. E. M. Lucke (M. D. or other) _____
Address Hannibal, Mo. Date signed 12-14-45

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

MOTHER, FATHER

UN 1 6 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 George T. Bond
Licensed Embalmer No. 4373
P. O. Address Stamford, Conn.

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.