

FILED FEB 13 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 191

Primary Registration District No. 4304

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Ludlow
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Lenna May 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 married
6. (b) Name of husband or wife Edgar Lewis 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased March 1st, 1894
(Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Decatur County Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George W. Barker
13. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Laura Alice Curry
15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Lewis
(b) Address Ludlow, Mo

17. (a) Burial (b) Date thereof 12-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)
Monroe Center Cem.
(c) Place: burial or cremation

18. (a) Signature of funeral director Edward Mead
(b) Address Braymer, Mo

19. (a) 12-8-45 (b) Edward Mead
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1945 hour 9 minute 30 p.m.

21. I hereby certify that I attended the deceased from Jan 1, 1945 to Dec 5, 1945
that I last saw her alive on Dec 5, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast & Spinal Cord Duration 3 yrs

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

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?

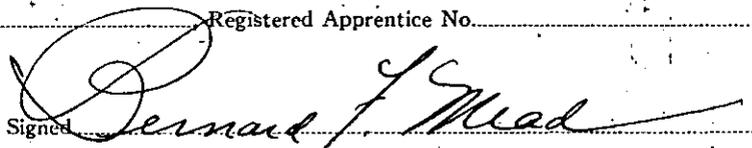
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Yes More (M. D. or other)
Address Ludlow, Mo Date signed 12-6-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100564

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 _____
working under my personal supervision.

Signed  _____
Registered Apprentice No. _____

Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri

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.