

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** JAN 30 1948 STANDARD CERTIFICATE OF DEATH

THE STATE BOARD OF HEALTH OF MISSOURI

State File No. **3783**

Registration District No. **295**

Primary Registration District No. **4443**

Registrar's No. **48**

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Huntsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Grand Avenue /  
(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 Missouri (b) County Randolph **88**  
(c) City or town Huntsville **1**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_  
(If rural, give location) **0**  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Lewis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-14-7261

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased November 13 1876  
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation coal miner

11. Industry or business \_\_\_\_\_

12. Name J.J. Lewis

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

14. Maiden name Mary Llewellyn

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

16. (a) Informant Mrs. Mary Clark

(b) Address Dacona, Colorado

17. (a) burial (b) Date thereof 12/20/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) 12-31-1945 (b) Mrs. D.A. Bernhart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17  
year 1945 hour not known M.

21. I hereby certify that I attended the deceased from Coroner's Case, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Undetermined. Probably from death being drunk.

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, injury following: **88**

(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 R.H. Williams (M. D. or other) \_\_\_\_\_

Address Robbery Mo. Date signed 12-17-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

290

(Licensed Embalmer's Statement on Reverse Side)

Coroner Randolph Co.

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

RECEIVED

District Health Office No. 10

District File Number 1-46-226

Date Filed JAN 28 1946

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.

Registration District No. 295 Primary Registration District No. KKK3

1. PLACE OF DEATH: Randolph  
(a) County Shuttleworth  
(b) City or town Shuttleworth  
(If outside city or town limits, write "RURAL" and name of township)  
(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. (Specify whether  
In this community. years, months or days)

3. (a) PRINT FULL NAME George Lewis  
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive  
7. Birth date of deceased mn 13 1945  
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 13 (Unless than one day hr. min.)

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State (b) County  
(c) City or town (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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1945 year. hour. minute. M.  
21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.  
Immediate cause of death. Duration

Due to Frozen to death as a result of  
Due to drunkenness  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED  
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) no marks  
(b) Date of occurrence 9 voluntary  
(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 W. Williams (M. D. or other)  
Address Coroner Randolph Co. assigned

SUPPLEMENTARY

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

100807

3783