

S. No. 2
M-5-43
5-17-39
X36671

FILED JUN 2 1946
Registration District No. **15**

Primary Registration District No. **2001**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. John Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)

In this community **All his life**

3. (a) PRINT FULL NAME **Henry Russell Lewis**

3. (b) If veteran, name war **World War 2**

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 **Lillie Lewis**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 20 1920**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| 25 | 8 | 14 | hr. _____ min. _____ |

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

10. Usual occupation **Unemployed**

11. Industry or business _____

MOTHER {

12. Name **James H. Lewis**

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

14. Maiden name **Belle Weisinger**

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

16. (a) Informant **Mrs. Lillie Lewis**

(b) Address **1310 Missouri, Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **5-7-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osborne Memorial**

18. (a) Signature of funeral director **Parker-Hunsaker**

(b) Address **1502 Joplin, Joplin, Mo.**

19. (a) **5-10-46** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")

(d) Street No. **1310 Missouri**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **4**
year **1946** hour **11** minute **00 P.M.**

21. I hereby certify that I attended the deceased from _____ 19____;
Did not attend.

that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Gunshot Wound to Abdomen
of Chest.

Due to _____
Gun was Rifle.

Due to _____

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

Major findings _____
Of operations _____

PHYSICIAN _____
Dr. Ralph E. Smith

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident** 122

(b) Date of occurrence **5-1-46**

(c) Where did injury occur? **Joplin, Jasper, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - 1310 Missouri
(Specify type of place)

While at work? _____ (e) Means of injury **Rifle**

23. Signature **Dr. Ralph E. Smith** (M.D. or other) **D.O.**
Address **2114 Joplin, Joplin, Mo.** Date signed **5-4-46**

134

46-5-408

~~APR 21 1946~~

NOV 12 1946

JUN 10 1946

OCT 31 1946

APR 18 1947

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 156Registration District No. 156Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(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 days3. (a) PRINT FULL NAME Henry R. Lewis3. (b) If veteran, name war World War II 3. (c) Social Security No. _____4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 20
(Month) (Day) (Year)8. AGE: Years 25 Months 8 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Unemployed

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Ed James
(Date received local registrar) (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 May
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

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 _____

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 sta-
tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER }
FATHER }

S-17810

APR 18 1947