

S. No. 2
OM-5-43
ev. 5-17-39
X36671

Registration District No. 360

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Wagoner
(b) City or town Wagoner, Oklahoma
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 yrs 2 1/2 days (Specify where)
In this community 2 1/2 yrs 2 1/2 days (Specify where)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry
(c) City or town Peter (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 ABRAHAM R. LEWIS

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

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 alive ✓ years
7. Birth date of deceased 12-12-1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Ind (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles Lewis

13. Birthplace Ind (State or foreign country)

14. Maiden name Wagoner

15. Birthplace Ind (State or foreign country)

16. (a) Informant Hospital record

(b) Address NEVADA - MISSOURI

17. (a) Burial (b) Date thereof July 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peter Mo

18. (a) Signature of funeral director Charles Lewis

(b) Address Wagoner Mo

19. (a) 7-25-46 (b) Matthew Jancey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1946 hour 4 minute 9 M.
21. I hereby certify that I attended the deceased from 12-12-18 to 7-18, 1946
that I last saw him alive on July 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death senile dementia Duration _____

Due to ✓

Due to ✓

Other conditions arterio-sclerosis
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations _____

Of autopsy no

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 R. G. Vall (M. D. or other)

Address Wagoner Mo 7-25-46 Date signed _____

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

24800

RECEIVED

License No. 74

Case No. 6-46-224

Date Filed 7-30-46

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.

Registered Apprentice No.

Signed *R. Gordon Barnett*

Licensed Embalmer No. *4213*

P. O. Address *Cassville 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.