

FILED SEP 30 1948

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 338

Primary Registration District No. 6148 / 7301

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Bloomfield Rural  
(c) Name of hospital or institution: None  
(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  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard 103  
(c) City or town Bloomfield, Rural  
(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 GEORGE W. LEWIS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ellen Lewis 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased 9 9 1870  
(Month) (Day) (Year)

8. AGE: Years 76 Months - Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Marion Co. Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name James Lewis  
13. Birthplace Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. W. Lewis  
(b) Address Bloomfield, Mo. Route 3  
17. (a) Burial (b) Date thereof 9-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation South Pleasant valley

18. (a) Signature of funeral director Chiles Und. Co.  
(b) Address Bloomfield, Mo.  
19. (a) 9-27-46 (b) Rose Webber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th  
year 1946 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 26 1946 to Sept 12 1946  
that I last saw him alive on Sept 12 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation  
Due to Tricus Regurgitation  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations no. 92B  
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 J. P. Brandon (M. D. \_\_\_\_\_)  
Address Easy, Mo. Date signed 9/27/46

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

355

RECEIVED

District Health Office No. 2,

District File Number 1046-1169

Date Filed 10-1-46

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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 Frank B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.