

No. 2  
12-45  
17-39  
X47070

**FILED NOV 12 1946**

Registration District No. **294**

Primary Registration District No. **3056**

Registrar's No. **221**

**1. PLACE OF DEATH:**

(a) County **Randolph**

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

(c) Name of hospital or institution:  
**614 West End**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**  
(Specify whether in this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

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

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

(d) Street No. **614 West End**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **MARGARET ELIZABETH LEWIS**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **October** day **28<sup>th</sup>**, year **1946** hour **7** minute **15** P.M.

21. I hereby certify that I attended the deceased from **3-1-1946** to **10-29** 19**46** that I last saw her alive on **10-26** 19**46** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

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

6. (b) Name of husband or wife **George E. Lewis**

7. Birth date of deceased **May - 18 - 1858**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral hemorrhage of left branch of left**

**8. AGE:** Years **88** Months **5** Days **10** If less than one day hr. min.

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

10. Usual occupation **Housewife**

**MOTHER FATHER**

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

12. Name **John Baker**

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

14. Maiden name **Martha Smith**

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

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

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy **50**

16. (a) Informant **Mrs. Rosa M. Jones**

(b) Address **614 W. End Moberly Mo.**

17. (a) **Burial** (b) Date thereof **Oct 30-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Baker Cemetery**

**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 **D**

18. (a) Signature of funeral director **Wm. J. Williams**

(b) Address **Moberly Missouri**

19. (a) **Oct 31-46** (b) **Wm. J. Williams**  
(Date received local registrar) (Registrar's signature)

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

Address **Moberly Mo.** Date signed **10-29-46**

**269** (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 10  
District File No. 10-46-2035  
Date Filed NOV - 8 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 R M Carter  
Licensed Embalmer No. 4117  
P. O. Address Proberly 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.