

Registration District No. **47**

Primary Registration District No. **5757**

Registrar's No. **369**

1. PLACE OF DEATH:

(a) County **Callaway**
(b) City or town **Readsville Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **none /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **none**
(In hospital or institution) (Specify where)
In this community **4 1/2 years in community**
years, months or days **Readsville Mo**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**
(c) City or town **Readsville Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **citizen** (Yes or No)
If yes, name country **USA**

3. (a) PRINT FULL NAME

Nelson Lewis

3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **Wepo**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mary Lewis**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **92** Months _____ Days _____
If less than one day hr. _____ min. _____

9. Birthplace **Unknown Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **unknown** **9**
13. Birthplace _____ **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown** **9**
15. Birthplace _____ **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Redmond**
(b) Address **Readsville, Mo**

17. (a) **Removed** (b) -Date thereof **11-11-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mexico Mo.**

18. (a) Signature of funeral director **Wm. P. Parker**

(b) Address **6 Columbia Missouri**

19. (a) **1-11-1946** (b) **Joe Moraukoff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **10**
year **1946** hour **8** minute **9** a.m.

21. I hereby certify that I attended the deceased from **several years** to **1943**
that I last saw him alive on **Nov 3** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**
Due to **old age**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **83A**

Major findings: Of operations **none**
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?
(Specify type of place)

While at work? _____ Means of injury _____

23. Signature **Dr. Wm. P. Parker** (M. D. or other)
Address **Readsville Mo** Date signed **11-10-46**

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

33088

Date Filed 11-18-46
District File Number.....

District Health Officer No. 9,
RECEIVED

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, ~~and~~.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Stuart P. Parkes.....

Licensed Embalmer No. 2900.....

P. O. Address Columbia, Md......

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.