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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36610

Registration District No. 113

Primary Registration District No. 4185

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town St. Clair
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Transient
years, months or days

3. (a) PRINT FULL NAME Vernon James Lewis

3. (b) If veteran, name war _____

3. (c) Social Security 49324-7270

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan 18 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>9</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace: Gladden Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: farmer

MOTHER FATHER

11. Industry or business _____

12. Name: Jo Stella Lewis

13. Birthplace: Gladden Mo
(City, town, or county) (State or foreign country)

14. Maiden name: May Boyce

15. Birthplace: Gladden Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs W. L. Jones

(b) Address: Salem Mo

17. (a) burial (b) Date thereof: 11-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Salem Mo

18. (a) Signature of funeral director: Clayton Kent

(b) Address: St. Clair Mo

19. (a) 11-2-1944 (b) E. L. Worthington
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Franklin

(c) City or town: St. Clair
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 1st
year 1946 hour 6 minute 15 P.M.

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

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: Broken neck at Base of Skull

Duration _____

Due to: Being hit by truck

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 statistically.

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

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: November 1st 1946

(c) Where did injury occur? St. Clair Franklin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway 6.6

While at work? no (Specify type of place) (c) Means of injury: accident

23. Signature: E. F. Ottmann (M.D. or other) Coroner

Address: Union Mo Date signed: 11/1/1946

~~Date Filed 11/2/46~~

~~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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. M. Lerot*

Licensed Embalmer No. *3601*

P. O. Address *St. Clair, 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.