

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39524
Registrar's No. 170

FILED JAN 2 1947
Registration District No. 3002

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexionia, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Ladonia, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 2
(If rural, give location)
(e) Citizen of foreign country? NO
If yes, name country

3. (a) PRINT FULL NAME William Jefferson Lewis

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

4. Sex M 5. Color or race W 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 July 15 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 7
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name J. E. Lewis

13. Birthplace St. Clair Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Ellis

15. Birthplace Warren Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edward E. Lewis

(b) Address Ladonia, Missouri.

17. (a) Burial (b) Date thereof Dec 24, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farber Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Mexico, Missouri.

19. (a) Dec 24 1946 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1946 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Dec 20
1946 to Dec 22 1946
that I last saw him alive on Dec 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Apopoplexy Duration 2 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]
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 [Signature] (M. D. or other) _____
Address Missouri Date signed 12 23 46

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

4
1
2

00008

RECEIVED
District Health Officer No. 10
District File No. 12-46-2362
Date filed - DEC-31 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 Everett R. Head
Licensed Embalmer No. 4038
P. O. Address Mexico, 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.