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v. 5-17-39
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39689

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
1376
Registrar's No. _____

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
625 1/2 So 8th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 625 1/2 So 8th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES LEWIS
(b) If veteran, name war Spanish Amer
(c) Social Security _____

4. Sex male 5. Color or race negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
3 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace St Joseph mo
(City, town or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business none

12. Name Thomas Lewis

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

14. Maiden name Mattie Lewis

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

16. (a) Informant Frank Brown

(b) Address 625 1/2 So 8th

17. (a) Burial (b) Date thereof Dec 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem

18. (a) Signature of funeral director Beatrice May

(b) Address 812 Pacific St

19. (a) 12-13-46 (b) C. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1946 hour _____ minute _____ A. M.
21. I hereby certify that I attended the deceased from
4 Dec 46 to 6 Dec 46
that I last saw him alive on 6 Dec 46
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to Coronary atherosclerosis
Due to Senility

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy _____

Duration
2 days
1 yr
1 yr

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)
(c) Means of injury _____

23. Signature C. C. Jenkins (M. D. or other)
Address St Joseph mo Date signed 8 Dec 1946

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(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1949

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 Eurea Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph 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.