

2
5-43
17-39
X36671

FILED MAR 21 1947
13

Registration District No. _____

Primary Registration District No. 4026

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Purdy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 19 mo.
years, months or days

3. (a) PRINT FULL NAME Mary Louise Lewis

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female race White 5. Color or 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 16 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 24 hr. min.

9. Birthplace Everest Kans
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Morgan 9
13. Birthplace D.K. (City, town, or county) (State or foreign country)
14. Maiden name Sarah Cox 7
15. Birthplace D.K. (City, town, or county) (State or foreign country)

16. (a) Informant A. M. Lewis
(b) Address Purdy Mo.
17. (a) ~~Burial - Removal~~ Date thereof 2-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Miller Cem Everest Kans

18. (a) Signature of funeral director Chester Funeral Home
(b) Address Cassville Mo.
19. (a) 2-11-47 (b) Gene Hudson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Purdy (If outside city or town limits, write "RURAL") 0
(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 Feb day 10
year 1947 hour 3 minute PM.
21. I hereby certify that I attended the deceased from Nov 1
1945 to Feb 10 1947
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis Duration 5yr
Due to _____
Due to _____

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

Major findings: Of operations 93D PHYSICIAN
Of autopsy _____
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 0
23. Signature J. B. Baldwin (M. D. or other)
Address Purdy Mo. Date signed 2-11-47

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

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..... *Margaret Culver*.....
Licensed Embalmer No. *4389*.....
P. O. Address *Cassville*.....

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.

Registration District No. 13 Primary Registration District No. 4026

1. PLACE OF DEATH:

(a) County Barny Purdy

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

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

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

In this community _____ (years, months or days) (Specify whether _____)

3. (a) PRINT FULL NAME Mary J. Lewis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Dec 16 1916
(Month) (Day) (Year)

8. AGE: Years 29 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Kan

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8/11/47 (b) Mrs. Gene Hudson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 10 Year 1947 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 _____

Duration _____

Due to _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

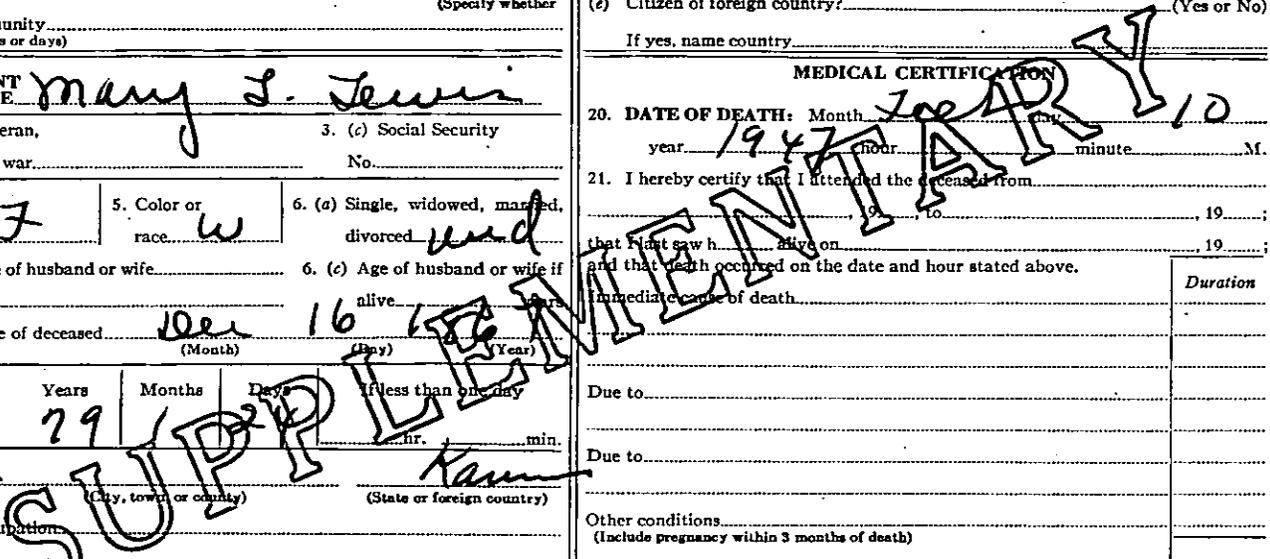
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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



S-7791