S. No. 2
M—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10249

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: City Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 day (Specify whether

In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 212 E Pett 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME ELMER E. LEWIS

3. (b) If veteran, name war

3. (c) Social Security No. 702-16-3184

4. Sex M 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Sola Lewis

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

7. Birth date of deceased June (Month) 19 (Day) 1887 (Year)

8. AGE: Years 59 | Months 9 | Days 13 | If less than one day hr. min.

9. Birthplace Blackwater (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Boiler Maker Helper

11. Industry or business Mo P Shops

FATHER
12. Name John Lewis
13. Birthplace Blackwater (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Tillie Napier
15. Birthplace Nelson (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant George Lewis

(b) Address Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-47 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director T. D. Ferguson

(b) Address 117 E Jefferson Sedalia Mo

19. (a) 3-8-47 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 2 year 1947 hour 12 35 P.M. minute M.

21. I hereby certify that I attended the deceased from Jany 1, 1947 to March 3, 1947 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemmorrhage	
Due to Hypertension	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation ✓
Of autopsy None made ✓

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) None

(b) Date of occurrence ✓

(c) Where did injury occur? No injury (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury (Specify type of place)

While at work? ✓ (e) Means of injury ✓ 0

23. Signature C. B. Wader (M. D. or other) MD.

Address Sedalia, Mo. Date signed 3/3/47

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(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 6

District File Number

Date Filed 4-8-47

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address: Sedalia

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.