

FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12443  
Registar's No. 112

Registration District No. 38

Primary Registration District No. 3006

Registar's No. 112

1. PLACE OF DEATH:

(a) County... Boone  
(b) City or town... Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
708 Tandy Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 77 Years (Specify whether  
In this community...  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Boone 10  
(c) City or town... Columbia 2  
(If outside city or town limits, write "RURAL")  
(d) Street No... 708 Tandy Ave. 4  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME TOBE LEWIS

3. (b) If veteran, name war... None 3. (c) Social Security No. 1

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased 4 - 13 - 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 11 23 hr. min.

9. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Tan Lewis

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

14. Maiden name (Unknown) Burks

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

16. (a) Informant Mrs. Tobe Lewis

(b) Address 708 Tandy Ave., Columbia, Mo.

17. (a) Burial (b) Date thereof 4-8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parsons Funeral Service  
(b) Address Columbia, Mo.

19. (a) 4-10-47 (b) Mrs. R.E. Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1947 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 29, 1946 to Apr. 6, 1947  
that I last saw him alive on Apr. 5, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Stenocardia from stomach Duration 2 1/2 hrs.

Due to Carcinoma primary of liver

Due to 1st stage of cancer

Other conditions 1st stage of cancer  
(Include pregnancy within 3 months of death)

Major findings: Of operations to fracture  
Of autopsy as above H&E

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) No  
(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?

(e) Means of injury  
While at work? No

23. Signature W.P. Dyson (M. D. or other) MD  
Address Columbia, Mo. Date signed 4-24-47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number 7-21-47  
Date Filed

SEP 24 1947

APR 25 1947

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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 M. S. Whitfield  
Licensed Embalmer No. 3893  
P. O. Address Columbia 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.