S. No. 2
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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 JUL 11 1947

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5135

State File No. 20225

Registrar's No. 258

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution Ash Hill Twp. 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Qulin. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Solomon F. Lewis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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 June (Month) 14, (Day) 1931 (Year)

8. AGE: Years 16 | Months | Days 14 | If less than one day hr. min.

9. Birthplace Dyer Co. (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation Farming

11. Industry or business Farmer

FATHER
12. Name Solomon J. Lewis,
13. Birthplace Jackson Co. (City, town, or county) Ala. (State or foreign country) 1

MOTHER
14. Maiden name Victoria Huse,
15. Birthplace Oliver Co. (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant Solomon J. Lewis,
(b) Address Qulin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 30 (Day) 47 (Year)
(c) Place: burial or cremation Brown Chappel. Broseley

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.

19. (a) 7-1-47 (Date received local registrar) (b) R W Minetree (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1947 hour 10 minute 30 A.M.

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

Immediate cause of death Asphyxiation

Due to Drowning while in Swimming

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident 12

(b) Date of occurrence June 28-1947

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place) 3

While at work? Mo (e) Means of injury Drowning

23. Signature Grover W Greer (M. D. or other) Coroner

Address Poplar Bluff Mo Signed 6/28/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Office No. 2
District File Number 142-933
Date Filed 7-3-47

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Lester 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.