

No. 2
12-45
17-39
X47070

FILED AUG 28 1947

Registration District No. **22** Primary Registration District No. **4270** Registrar's No. **53**

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution City 1
(If not in hospital or institution, write street number or location)

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

In this community 60 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME LIZZIE B. LEWIS

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

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Hilton Lewis 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Feb 5 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>5</u>	<u>13</u>	hr. min.

9. Birthplace Neward Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name James M. Winn

13. Birthplace Neward Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name Wesgan Hampton

15. Birthplace Lafayette Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant Hilton Lewis

(b) Address Dover, MO

17. (a) Burial (b) Date thereof 7-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dover, MO

18. (a) Signature of funeral director Paul J. Schupp

(b) Address Washington, MO

19. (a) Aug 14 - 47 (b) Clayton S. Landrum
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1947 hour 11 minute 15 P.

21. I hereby certify that I attended the deceased from July 1 1947 to July 18 1947

that I last saw her alive on 7/18 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to _____

Due to _____

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy 107

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 2

23. Signature Geo. Lewis (S. D. or other) _____

Address Dover, MO Date signed 7/19/47

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

RECEIVED

District Health Officer

District File Number

Date Filed

8-22-47

AUG 23 1947

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 *Garret J. Jempel*

Licensed Embalmer No. *3275*

P. O. Address *Livingston, Va*

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.