

National Office of Vital Statistics

State File No.

FILED NOV 5 1947

Registrar's No. 239

Registration District No. 238

Primary Registration District No. 5823

1. PLACE OF DEATH:

(a) County: New Madrid

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

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: New Madrid

(c) City or town: R-1 Lebanon
(If outside city or town limits, write "RURAL")

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

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

If yes, name country:

3. (a) PRINT FULL NAME: James C Lewis

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

20. DATE OF DEATH: Month Oct day 27 year 1947 hour 6:00 PM minute R.M.

4. Sex: MO

5. Color or race: W

6. (a) Single, widowed, married, divorced: 21

6. (b) Name of husband or wife: ✓

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

7. Birth date of deceased: May (Month) 1864 (Day) (Year)

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

8. AGE: Years 83 Months 4 Days unk If less than one day hr. min.

Immediate cause of death: Fractured Skull, Face Fractures, Broken Legs + Back - Run over by truck on Highway

Due to: accident by Inquest

Other conditions: (Include pregnancy within 5 months of death)

9. Birthplace: Caldwell County, Tenn (City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

12. Name: George Lewis

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

14. Maiden name: Unknown

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

16. (a) Informant: John R Lewis

(b) Address: R-1 Lebanon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 28-47 (Month) (Day) (Year)

(c) Place: Burial (burial or cremation)

18. (a) Signature of funeral director: Records Hill

(b) Address: New Madrid

19. (a) 10-30-47 (Date received local registrar) (b) Records Hill (Registrar's signature)

Major findings: 1900

Of operations: 21

Of autopsy: 21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: Oct 27 - 1947

(c) Where did injury occur?: R-1 Lebanon (City or town) (County) (State)

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

While at work: No (e) Means of injury: Car

23. Signature: Red Kuyperth (M. D. or other) Coroner 3

Address: New Madrid Mo Date signed: 10/27-47

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

MOTHER FATHER

72
0
0
0

RECEIVED
District Health Office No. 2,
District File Number 1147-1419
Date Filed 11-3-47

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

Les Hedgesmith

Licensed Embalmer No. 3803

P. O. Address New Market, Md.

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.