

FILED DEC 3 1947

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **255**

1. PLACE OF DEATH:

(a) County **Denkin**  
 (b) City or town **Kennett**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Presnell Hospital**  
 (If not in hospital or institution, write street number or location) **0**  
 (d) Length of stay: In hospital or institution, **1 day** (Specify whether  
 In this community **Life time** (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME **Hallie Vandell Lewis**

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

4. Sex **Female** 5. Color of race **White** 6. (a) Single, widowed, **married**, divorced **1**

6. (b) Name of husband or wife **Francis Eugene Lewis** 6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **Sept. 1, 1920**  
 (Month) (Day) (Year)

8. AGE: Years **27** Months **2** Days **18** If less than one day hr. min.

9. Birthplace **Hornersville Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **home**

12. Name **Floyd Vandell**

13. Birthplace **Unknown South Carolina**  
 (City, town, or county) (State or foreign country)

14. Maiden name **ANNIE JONES**

15. Birthplace **Malden Missouri**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **John Vandell**

(b) Address **Kennett - Mo**

17. (a) **Burial** (b) Date thereof **11-21, 1947**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Canthensville, Mo**

18. (a) Signature of funeral director **Paul Salinger**

(b) Address **Kennett, Mo**

19. (a) **11-24-1947** (b) **Paul Salinger**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Remiscot**  
 (c) City or town **Braggadocia Mo.**  
 (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 **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **19th**  
 year **1947** hour **8:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **Nov. 19, 1947** to **Nov. 19, 1947**  
 that I last saw him alive on **Nov. 19, 1947**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pre and post partum Hemorrhage**

Due to **Placenta Previa and Uterine Inertia**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1468**  
 Of autopsy

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) (c) Means of injury **0**  
 23. Signature **George L. Sumner** (M. D. or other) **M.D.**  
 Address **Kennett, Mo** Date signed **11/20/47**

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

225

RECEIVED

District Health Office No. 2,

District File Number 1242-1517

Date Filed 12-1-47

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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

*W. F. Lemonds*

Licensed Embalmer No.

4457

P. O. Address

*Kennett, 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.