S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1947

Registration District No. 1602

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5595.

State File No. 38745

Registrar's No. 38

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town RURAL ROCK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JEFFERSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR MAXVILLE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARTHA E. LEWIS
3. (b) If veteran, name war EMMETT
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMMETT MC. DANALD LEWIS
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased NOV (Month) 23 (Day) 1874 (Year)

8. AGE: Years 73 Months 0 Days 4 If less than one day hr. min.

9. Birthplace MONTGEOMERY CITY MO (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business HOUSE WORK
FATHER
12. Name JOHN VOGT
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name BELOW ROGERS
15. Birthplace MONTGEOMERY CITY MO (City, town, or county) (State or foreign country)
16. (a) Informant EMMETT LEWIS
(b) Address ARNOLD MO R.R. 1
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 30 1947 (Month) (Day) (Year)
(c) Place: burial or cremation RICHARDSON CEMETERY BEC MO
18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO R.R. 2
19. (a) Nov 29 47 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27 year 1947 hour 12 NOON minute M.
21. I hereby certify that I attended the deceased from Oct 1947, 19, to Nov 27, 1947, that I last saw h. alive on 11/27, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to

Due to

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

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)
(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? (Specify type of place)
While at work? (c) Means of injury

23. Signature O. Reich M.D. (M. D. or other)
Address Kimmswick Mo. Date signed 11/28/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3
District File Number 12-3-52
Date Filed

MAR 25 1953

MAR 26 1953

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, ~~under~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Elmer Heitigtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick 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.