S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41405
Registrar's No. 1085

Primary Registration District No. 2000

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2
6

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1142 W. Lynn /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 41 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1142 W. Lynn 6
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ollie F. Lewis
3. (b) If veteran, name war None
3. (c) Social Security No. 702-07-8975
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlotte A. Lewis
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased October 8, 1877 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	2	6	hr. min.

9. Birthplace Garnett Kansas / (City, town, or county) (State or foreign country)
10. Usual occupation Retired Locomotive Engineer
11. Industry or business Rail Way Engineer

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Caruthers
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Harry K. Hayes,
(b) Address Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) 12-17-47 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14, year 1947 hour 1 minute 10 A. M.
21. I hereby certify that I attended the deceased from 1 Aug 1, 1947, to Dec 14, 1947 that I last saw him alive on Dec 13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-Renal-Vascular Disease	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature Max Fitch (M. D. or other) MD
Address Springfield Mo Date signed 12-17-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 9 1948

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 Ogle Stone Jr.

Licensed Embalmer No. 4956

P. O. Address Springfield

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.