1/47
17-39

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

National Office of Vital Statistics
FILED JAN 26 1948

STANDARD CERTIFICATE OF DEATH

State File No. 948

Registration District No. 14 Primary Registration District No. 4234 Registrar's No. 1

1. PLACE OF DEATH:
(a) County: IRON
(b) City or town: IRONTON
(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 years, months or days)
In this community: 1 DA

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County: 47
(c) City or town: 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location): 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: STEPHEN JOSEPH LEWIS
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: U
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 1 (Month) 4 (Day) 1948 (Year)

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

9. Birthplace: IRONTON (City, town, or county) MO. (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

MOTHER FATHER
12. Name: OLEN LEWIS
13. Birthplace: PACIFIC (City, town, or county) MO. (State or foreign country)
14. Maiden name: MILDRED HARTZELL
15. Birthplace: CADET (City, town, or county) MO (State or foreign country)

16. (a) Informant: Henry Hartzell
(b) Address: Potosi Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Potosi Mo
18. (a) Signature of funeral director: Boyer Funeral Home
(b) Address: Potosi Mo.
19. (a) 1-20-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 5 year: 1948 hour: 7:30 minute: A. M.

21. I hereby certify that I attended the deceased from Jan. 4, 1948 to Jan. 5, 1948 that I last saw him alive on Jan. 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital atelectasis	Birth
Due to: Prematurity, Immaturity	"
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: NA
Of autopsy: No

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)
While at work? ..... (e) Means of injury: C

23. Signature: Ben M. Bull (M. D. or other) M.D.
Address: Ironton Mo Date signed: 1-6-48

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

...IVED
...r Health Officer No. 4
... File Number 148-10
D... 1-26-48

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 Howard Heggenbottom Registered Apprentice No. ....., working under my personal supervision.

Signed C. H. Boyd

Licensed Embalmer No. 4158

P. O. Address Potosi 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.