No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1948

Registration District No. 75

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3901

Primary Registration District No. 5069

Registrar's No. 13

1. PLACE OF DEATH:

(a) County: Barton

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

(c) Name of hospital or institution: At Home
(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: 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barton

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Route 2, Lamar, Mo.
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: William Harvey Lewis

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Sarah Lula Owens

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

7. Birth date of deceased: May (Month) 25 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	7	19	____ hr. ____ min.

9. Birthplace: ____ (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ____

FATHER
12. Name: William Berry Lewis
13. Birthplace: ____ (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Rebecca Sears
15. Birthplace: ____ (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Mrs. W. J. Orahood
(b) Address: Route 2, Lamar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 18, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Lake Cemetery

18. (a) Signature of funeral director: Chiles Funeral Home
(b) Address: Lamar, Missouri

19. (a) FEB 16 1948 (Date received local registrar) (b) Marie Konopik (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1948 hour 9: minute 45 A. M.

21. I hereby certify that I attended the deceased from February 2, 1948, to February 14, 1948, that I last saw him alive on February 14, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 weeks
Due to: Arterial hypertension	10 years
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? ____ (e) Means of injury: ____

23. Signature: William H. Nollmeyer (M. D. or other) M.D.
Address: Lamar, Missouri Date signed: Feb. 16, 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 248-257
Date Filed FEB 18 1948

FEB 26

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 Clarence W Chile

Licensed Embalmer No. 3413

P. O. Address Lamar 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.