

FILED FEB 23 1948

Registration District No. **65**

Primary Registration District No. **4112**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County **Chariton**
(b) City or town **Dalton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **West End of Dalton**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community **65 years.** (years, months or days)

3. (a) PRINT FULL NAME

SAMUEL L. LEWIS

3. (b) If veteran, name war **V**

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **Black**

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

6. (b) Name of husband or wife **Marion Lewis**

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

7. Birth date of deceased **Dec. 26, 1878**

(Month)

(Day)

(Year)

8. AGE:

Years **77**

Months **-**

Days **18**

If less than one day

hr.

min.

9. Birthplace

Fayette

(City, town, or county)

Mo. (State or foreign country)

10. Usual occupation

Janitor for school

11. Industry or business

MOTHER FATHER

12. Name

Robert Lewis

9

13. Birthplace

Doy, Howard

(City, town, or county)

Mo. (State or foreign country)

14. Maiden name

Robert Johnson

15. Birthplace

Doy, Howard

(City, town, or county)

Mo. (State or foreign country)

16. (a) Informant

Randy Lewis

(b) Address

Dalton

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

Jan. 21, 1948

(Month) (Day) (Year)

(c) Place: burial or cremation

Dalton

18. (a) Signature of funeral director

W. B. & Son

(b) Address

Key Bessie

19. (a)

1-20-48

(Date received local registrar)

Mildred Boone

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Chariton**
(c) City or town **Dalton**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **yes** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **19**
year **1948** hour **6 P** minute **A** M.

21. I hereby certify that I attended the deceased from **Feb 22**, 19**47** to **Jan 19**, 19**48**
that I last saw him alive on **January 18**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death

Apoplexy

Duration

48 hr.

Due to

Arteriosclerosis

Dark
Red

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

83A

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

23. Signature

Carl C. Hege

(M. D. or other) **M.D.**

Address

Kennett, Mo

Date signed **1/19/48**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-27-48

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

....., Registered Apprentice No.

working under my personal supervision.

Signed

H. D. Gornett

Licensed Embalmer No.

3046

P. O. Address

Key to will ma

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.