S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 5 1948

Registration District No. 141

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4683

Primary Registration District No. 5551

Registrar's No. 67

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains Rural
(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 16 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howell 76
(c) City or town West Plains
(If outside city or town limits, write "RURAL")
(d) Street No. S. B. Route
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jane Rasecrans Lewis
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Robt P. Lewis
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased 3/17-1871 (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Derby Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name W. H. Rasecrans
13. Birthplace Pa. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Morgan
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant R. P. Lewis
(b) Address West Plains, Mo.
17. (a) B (Burial, cremation, or removal) (b) Date thereof 2/3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director Robertson
(b) Address West Plains, Mo.
19. (a) Feb 9-1948 (Date received local registrar) (b) Beatrice Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31 year 1948 hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from 6 June 1947 to 31 Jan 1948 that I last saw her alive on 27 Jan 1948 and that death occurred on the date and hour stated above.

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

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

23. Signature Bruce Hunt (M. D. or other) M.D.
Address West Plains, Mo. Date signed 4 Feb 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

S R R. Quinn

RECEIVED
District Health Officer No. 5
District File Number 24815 8
Date Filed 3-4-48

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 R J D Rango, Registered Apprentice No. 431, working under my personal supervision.

Signed D D Roberts

Licensed Embalmer No. 3437

P. O. Address West Paris, Me

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.