

FILED APR 8 1948

Registration District No. 280

Primary Registration District No. 15-9-6-14420

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Platte  
(b) City or town Farley  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
(Specify whether years, months or days) three years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte  
(c) City or town Farley  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Thomas J. Lewis

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nellie Dalton 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased July 7 1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 17 If less than one day  
hr. min.

9. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business farm

12. Name unknown  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Lewis  
(b) Address Farley, Missouri

17. (a) burial (b) Date thereof Mar. 26-18  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hampton Cemetery  
18. (a) Signature of funeral director Vaughn Funeral Home  
(b) Address Weston, Missouri

19. (a) Mar 29-48 (b) Aphia Rollins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 24  
year 1948 hour 9 minute 30A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;  
that I last saw h..... alive on ....., 19....  
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion  
Due to .....

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).....  
Date of occurrence.....

Where did injury occur?.....  
(City or town) (County) (State)  
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 Tom H. Heiler  
Address Platte City MO Date signed 3-24-48

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

MOTHER, FATHER

3  
0  
0

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-7-48.....

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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 W. B. Vaughn.....

Licensed Embalmer No. 4023.....

P. O. Address Weston, 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.