S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 12 1948

[redacted]URI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15268

Registration District No. 389 — Primary Registration District No. 6249 — Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County: Wayne
(b) City or town: Piedmont (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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME: Annie C. 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: Widowed
6. (b) Name of husband or wife: Joel Lewis
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: May (Month) 20 (Day) 1880 (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	8	19	..... hr. ..... min.

9. Birthplace: Madison County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....

FATHER
12. Name: Samuel Morton
13. Birthplace: ~~Fen~~ (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name: Nance Kozine
15. Birthplace: Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. Sullivan
(b) Address: Piedmont, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 13, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Big Creek Cem.
18. (a) Signature of funeral director: Wm Coder
(b) Address: Piedmont, Mo.
19. (a) April 27 48 (Date received local registrar) (b) Susie E. Piles (Registrar's signature) 211

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1948 hour 9:00 minute ..... M.

21. I hereby certify that I attended the deceased from Jan. 12, 1948, Feb. 9, 1948 that I last saw her alive on Feb. 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 da
Due to: Hypertension	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: [signature]
Of autopsy: [signature]

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: [signature] (M. D. ~~or other~~)
Address: Poplar Bluff, Mo. Date signed: 2/16/48

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

..VED

..rict Health Officer No. 4

..rict File Number 548-633

.. Filed 8-11-48

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 Coder Funeral Home, Registered Apprentice No. ....., working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address .....

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.