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

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED SEP 15 1948**  
Registration District No. 6

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **25379**  
Registrar's No. 19

Primary Registration District No. 5031

1. PLACE OF DEATH:  
(a) County Audrain  
(b) City or town Rural - Cuivre Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
12 Mi. S.E. of Laddonia - Mo.  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Audrain  
(c) City or town Rural R.F.D. Laddonia, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 12 Mi S.E. of LADDONIA Mo  
(If rural give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George-Lee-Lewis  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

20. DATE OF DEATH: Month Sept. day 4<sup>th</sup>  
year 1948 hour 19:45 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from Sept 3 - 1948 to Sept 4 - 1948  
that I last saw him alive on Sept 4 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ollie Lewis 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased: June 24 1880  
(Month) (Day) (Year)

Immediate cause of death apoplexy Duration 24 hrs

8. AGE: Years 68 Months 2 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to arterio sclerosis  
Due to \_\_\_\_\_

9. Birthplace Montgomery Co. Mo  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farmer  
11. Industry or business Farm

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Andrew Lewis  
13. Birthplace Warrenton Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Ida Parker  
15. Birthplace Laddonia Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Ollie Lewis  
(b) Address Laddonia Mo

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 9-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Middletown - Mo.

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Clyde C. Wilkey  
(b) Address Laddonia, Mo.  
19. (a) Sept 8 1948 (b) Mallie Fugate  
(Date received local registrar) (Registrar's signature)

23. Signature W. B. McCall (M. D. or other) \_\_\_\_\_  
Address Laddonia Mo Date signed 9-8-48

REC'D & FILED SA

RECEIVED  
District Health Officer No. 18  
District File Number 9-48-1631  
Date Filed SEP 14 1948

**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 Clyde Wilby

Licensed Embalmer No. 3820

P. O. Address Perry 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.**