. S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1948

Registration District No. 239

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4355

27121

State File No.

Registrar's No. 292

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town New Madrid
(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)
In this community all of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town New Madrid Mo
(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 NEE EMMA CATHERINE LEWIS.
3. (b) If veteran, name war No.
3. (c) Social Security No. No
4. Sex FEMALE
5. Color or race w
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife L. A. Lewis.
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug. (Month) 17 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
93	11	14	hr. min.

9. Birthplace NEW MADRID, CO., MO (City, town, or county) (State or foreign country)
10. Usual occupation NONE
11. Industry or business
MOTHER FATHER
12. Name ALFORD A. LA FORGE
13. Birthplace NEW MADRID, MO (City, town, or county) (State or foreign country)
14. Maiden name LAURA A DAWSON
15. Birthplace NEW MADRID, MO (City, town, or county) (State or foreign country)
16. (a) Informant Mrs H. C. Riley
(b) Address New Madrid, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen
18. (a) Signature of funeral director Richards Miller
(b) Address New Madrid, Mo.
19. (a) 8-11-48 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1948 hour 7:10 minute a. M.
21. I hereby certify that I attended the deceased from August, 1937, to August, 1948, that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	1 day
Due to: Myocarditis, chronic	10 yrs.
Due to: Senile Changes.	
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)
(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 Louis J. Smith (M. D. or other) MD
Address New Madrid Mo Date signed 7 Aug 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 848-1089
Date Filed 8-30-48

SEP 2 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. Leo Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid 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.