

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 4 1948
STANDARD CERTIFICATE OF DEATH

State File No. **30550**
Registrar's No. **64**

Registration District No. **270** Primary Registration District No. **3050**

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

1. PLACE OF DEATH:
(a) County **Pemiscot**
(b) City or town **Caruthersville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
508 E. 14th, St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life-time** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pemiscot**
(c) City or town **Caruthersville**
(If outside city or town limits, write "RURAL")
(d) Street No. **508 E. 14th, St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **Guy Aaron Lewis**
3. (b) If veteran, name war **X**
3. (c) Social Security No. **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **28,** year **1948** hour **7** minute **A.** M.

4. Sex **Male** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **X**
6. (b) Name of husband or wife **X**
6. (c) Age of husband or wife if alive **X** years
7. Birth date of deceased **March 29, 1948**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept. 27, 1948** to **Sept. 28, 1948**
that I last saw him alive on **Sept. 27, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia** Duration **2 days**
Due to **Acute Diarrhea** **4 days**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years **0** Months **6** Days **1** If less than one day **hr. min.**
9. Birthplace **Caruthersville, Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: Of operations **1948**
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation **X**
11. Industry or business **X**
12. Name **Roosevelt McGhee**
13. Birthplace **Caruthersville, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Virginia Lewis**
15. Birthplace **Marietta, Arkansas**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mary Virginia Lewis**
(b) Address **Caruthersville, Mo.**
17. (a) **Burial** (b) Date thereof **9/29/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Morgan Ridge Cem.**
18. (a) Signature of funeral director **H.S. Smith Fun. Home**
(b) Address **Caruthersville, Mo.**
19. (a) **9-29-48** (b) **Jessie B. Weeks**
(Date received local registrar) (Registrar's signature)

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? _____
While at work? (Specify type of place) _____ (e) Means of injury **0**
23. Signature **J.P. Union** (M. D. or other) _____
Address **Caruthersville, Mo.** Date signed **9-28-48**

10-48-274

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.....

Body Was Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed *William D. Pike*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, 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.