

FILED DEC 28 1948

Registration District No. _____

Primary Registration District No. **2000**

1. PLACE OF DEATH: **CRUISE**

(a) County **Springfield**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Springfield Baptist Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 hr** (Specify whether)

In this community **same** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**

(c) City or town **Mursumville**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ERNEST V. LEWIS**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **15** year **48** hour **9** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **12-15-48**, 19____, to **12-15**, 19**48** that I last saw him **live** alive on **12-15**, 19**48**; 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 **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death **Bronchopneumonia** Duration **30.**

7. Birth date of deceased **July 7 - 1948**
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
-	5	8		

Due to _____

Due to _____

Other conditions **Hypertension (108)** **1 d**
(Include pregnancy within 3 months of death)

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

10. Usual occupation **Infant**

11. Industry or business _____

Major findings:
Of operations _____

Of autopsy **101**

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

MOTHER FATHER

12. Name **James Lewis**

13. Birthplace **Lawrence Co. Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Chasey Hanson**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Hall**

(b) Address **Mursumville, Mo.**

17. (a) **burial** (b) Date thereof **12/16/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Co. Mo**

18. (a) Signature of funeral director **Oscar S. Marsh**

(b) Address **Lincoln, Mo.**

19. (a) **12-16-48** (b) **N.E. Handley, MD**
(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 **1)**

23. Signature **Hubert B. Smith** (M. D. or other) **✓**

Address **Springfield, Mo.** Date signed **12-16-48**

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

39
2
6

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 Myse C. A.
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Oliver L. Marsh

Licensed Embalmer No. 3812

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.