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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21775**

Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Henry**
 (b) City or town **Clinton Mo**
(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 years, months or days)
 In this community **60 years**

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

3. (a) PRINT FULL NAME **Henry Anderson Lewis**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **6** day **9**
 year **41** hour **4** minute **P** M.

4. Sex **male** 5. Color or race **col**
 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **Myrtle Webster**
 6. (c) Age of husband or wife if alive **26** years
 7. Birth date of deceased **October 26 1878**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6/9/1941** to **6/9/1941**
 that I last saw him alive on **6/9/1941**
 and that death occurred on the date and hour stated above.

8. AGE: Years **62** Months **7** Days **13**
 If less than one day hr. _____ min. _____

Immediate cause of death **Deceased was dead on arrival but from history it must have been Coronary Occlusion**
 Due to _____
 Due to _____

9. Birthplace **White County Tenn**
(City, town, or county) (State or foreign country)
10. Usual occupation **farmer**

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____
12. Name **Martin Lewis**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Annie White**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

Major findings: Of operations **94 W**
 Of autopsy _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Frances Burton**
(b) Address **Clinton Mo**
17. (a) Burial (b) Date thereof **June 12 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Woods 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? _____

18. (a) Signature of funeral director **W. R. Halligan**
(b) Address **Clinton Mo**
19. (a) 6-30-41 (b) **W. R. Halligan**
(Date received local registrar) (Registrar's signature)

23. Signature **W. R. Halligan**
Address **Clinton Mo** **Date signed** **6/24/41**
(Specify type of place) (a) Means of injury

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

RECEIVED

District Health Officer No. 7

District File Number 7-41-1191

Date Filed 7-15-41

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 *R. R. Kenney*

Licensed Embalmer No. 3099

P. O. Address *Clinton md*

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.