

FILED FEB 16 1941

Primary Registration District No. 5499

Registrar's No. _____

Registration District No. _____

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

1. PLACE OF DEATH
 (a) County Deer Creek Twp.
 (b) City or town Lewis Station
 (c) Name of hospital or institution in Lewis Station
 (d) Length of stay: In hospital or institution 85 yrs
 In this community 85 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 City or town Lewis Station Mo
 (c) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month 12 day 17 year 1941 hour 3 minute 00P M.
 21. I hereby certify that I attended the deceased from Plant J. Feora 1912-17 to 12-17 1941
 that I last saw her alive on 12-15 1941
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Wm Lewis 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 11 (Month) 1856 (Day) (Year)

Immediate cause of death Pulmonary Edema Duration 12 hrs
 Due to Cerebra Hemorrhage
 Due to Hy pertension
 Other conditions Atherosclerosis
 (Include pregnancy within 3 months of death)

8. AGE: Years 85 Months 11 Days 7 If less than one day _____ hr. _____ min.

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

9. Birthplace De Moines Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm Dean

13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Howell Lewis
 (b) Address Lewis Station Mo

17. (a) Animal (b) Date thereof 12 19 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewis Station Mo

18. (a) Signature of funeral director Fred Wilkinson
 (b) Address Clinton Mo
 19. (a) Dec 20/41 (b) Georgia Kitchen
 (Date received local registry) (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) Manner of injury _____
 23. Signature G. C. Peeler (M. D. or other) _____
 Address Clinton Mo Date signed 12/19/41

3
PP
RECEIVED

District Health Officer No. 7,

District File Number 2-42-46

Date Filed 2-10-42

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 Fred Williamson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.