

S. No. 2
M-5-42
Y. 5-17-33
P. 1 X2275

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31725

State File No.

FILED OCT 7 1943
Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 180

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution: Community Clinic
(d) Length of stay: In hospital or institution 24 hours
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton
(d) Street No. RR # 6
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Along L. LEWIS
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 14th.
year 1943. hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from Sept.
13th, to 19th, 1943
that I last saw him in alive on Sept. 13. 1943
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race w 6. (a) Single, widowed, married 1
6. (b) Name of husband or wife Merica B 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Aug 15 1868

Immediate cause of death Carcinoma of head of pancreas.
Duration ?

8. AGE: Years 75 Months 0 Days 28 If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 46g

9. Birthplace Cooper Co Mo
10. Usual occupation Retired farmer
11. Industry or business H
12. Name John Lewis
13. Birthplace 9
14. Maiden name Francis
15. Birthplace 9

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

16. (a) Informant Clark Lewis
(b) Address Clinton RR # 6
17. (a) Burial (b) Date thereof 9-15-43
(c) Place: burial or cremation Englewood
18. (a) Signature of funeral director Conrad & Bes
(b) Address Clinton Mo
19. (a) Sept 14 1943 (b) Georgia Kitchen

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) (c) Means of injury
23. Signature Joseph B. Bial (M. D. or other) M.D.
Address Clinton Mo Date signed 9-14-43

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number

9-43-1005

Date Filed

10-7-43

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.

~~1891~~

working under my personal supervision.

Signed

J. E. Consolm

Licensed Embalmer No.

1891

P. O. Address

Clinton

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.