

FILED NOV 9 1948

Registration District No. 797

Primary Registration District No. 5571

Registrar's No. 227

1. PLACE OF DEATH:

(a) County HENRY
 (b) City or town CLINTON RURAL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
AT HOME FAIRVIEW, TWP
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 (Specify whether
 In this community 20 YEARS
 -years, months or days)

3. (a) PRINT FULL NAME Mrs. A. L. Lewis

3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife

7. Birth date of deceased 12-8-1970
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 10 24 hr. min.

9. Birthplace SYRACUSE MO
 (City, town, or county) (State or foreign country)10. Usual occupation HOUSEKEEPER

11. Industry or business

MOTHER FATHER { 12. Name TIPTON W. Bradford
 13. Birthplace BOLIVAR MO
 (City, town, or county) (State or foreign country)
 14. Maiden name EVALINE COX
 15. Birthplace MORGAN CO MO
 (City, town, or county) (State or foreign country)

16. (a) Informant CLARK LEWIS
 (b) Address CLINTON MO

17. (a) BURIAL (b) Date thereof 11-16-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGLEWOOD, R.E.M.

18. (a) Signature of funeral director CONSALUSTPECK
 (b) Address CLINTON MO

19. (a) 11-6-48 (b) R. R. Kenney
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HENRY 42
 (c) City or town CLINTON RURAL 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. FAIRVIEW, TWP
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th.
 year 1948. hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from
October 15, 1948 to Nov. 4, 1948
 that I last saw him alive on Nov. 1st, 1948.
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
of Hypertension.
 Due to obstructive pulmonary
 Duration 10 yrs.

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

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

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?

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature J. B. O'Neil M.D.
 Address Clinton, MO Date signed 11-5-48

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

RECEIVED

District Health Officer No.

District File Number 10-48

Date Filed 11-8-40

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

Eugene R. Conrath, Registered Apprentice No. 281
working under my personal supervision.

Signed R. R. Kenney

Licensed Embalmer No. 3099

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.

Registration District No. 137

Primary Registration District No. 5511

1. PLACE OF DEATH:

(a) County Henry Rural

(b) City or town _____
(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 _____)

In this community _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME AMERICAN Lewis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased see 8 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 20 (If less than one day, hr. min.)

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

13. (a) Signature of funeral director _____ (b) Address _____

19. (a) 12-4-48 (b) R.R. Kenney (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month _____ Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

