

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31815
 Do not use this space.

REC'D OCT 12 1939

1. PLACE OF DEATH
 (a) County Benton Registration District No. 61
 (b) Township Warsaw Primary Registration District No. 4036
 (c) City Warsaw (d) Street No. _____ Registered No. 27
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Luell Lewis
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1927
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 12 7 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo
 FATHER 13. NAME Walter Lewis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 MOTHER 15. MAIDEN NAME Belle Cardwell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT (ADDRESS) Walter Lewis
Warsaw Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel County DATE Sept 3, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. M. White
Warsaw Mo
 20. FILED 9/2, 1939 Jas. H. Logan
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 9-2-1939 to Sept 3-1939
 I last saw him alive on Sept 2, 1939 Death is said to have occurred on the date stated above, at 7 P.M.
 The principal cause of death and related causes of importance were as follows:
Ruptured intestine Date of onset _____
injury in wreck by
improvised wagon striking
at tree while playing
 Other contributory causes of importance:
Injured Aug. 31, 1939
by accident - a wagon made
from lumber wheels struck a tree
when was riding down hill
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? Benton Co Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
at home - playing
 Manner of injury ran against tree while on wagon
 Nature of injury injury on belly
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. H. Hestert, M. D.
 (Address) Warsaw Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7;

District File Number 17-39-41

Date Filed 10-10-39

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.....

Licensed Embalmer No.....

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, above space should be left blank.