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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31883

Registration District No. 260 — Primary Registration District No. 5362 — Registrar's No.

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Rural Colfax township
(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 2 (Specify whether)
In this community Sixty years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DeKalb
(c) City or town Rural Colfax township
(If outside city or town limits, write "RURAL")
0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Chas. Freemont Lewis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 26 (Day) 1856 (Year)
8. AGE: Years 84 Months 0 Days 1 If less than one day hr. min.
9. Birthplace Clarksburg (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name John Lewis
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Julia Carter
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Nelson Thompson
(b) Address Osborn Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 40 (Month) (Day) (Year)
(c) Place: burial or cremation Ridgeville Cem DeKalb Co
18. (a) Signature of funeral director
(b) Address
19. (a) Sept 28-40 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1940 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from August
Sept, 1939, to Sept 27, 1940
that I last saw h— alive on Sept 27 - 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. S. Gale (M. D. or other)
Address Osborn Mo Date signed Sept 29 40

(Licensed Embalmer's Statement on Reverse Side)

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 Darrell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.