

FILED JUN 10 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 290

1. PLACE OF DEATH

(a) County Gasper
(b) City or town Gasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1201 Indiana Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasper
(c) City or town Gasper
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 Indiana
(If rural, give location) Mo
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Mo

3. (a) PRIMARY FULL NAME Thomas Russell Lewis

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife 43 years
7. Birth date of deceased Aug 20 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 30 If less than one day hr. _____ min. _____

9. Birthplace Pleasanti Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation carpenter

11. Industry or business formerly a miner

12. Name Miscunaw 9

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 Mrs Hattie Lewis

(b) Address 1201 Indiana

17. (a) Burial Date thereof 5-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gasper Cemetery

18. (a) Signature of funeral director Franklin Nelson

(b) Address 420 Wall St

19. (a) 5-21-43 (b) Arthur D. Schubert
(Date received local registrar) (Embalmer's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1943 hour 4:15 minute 2 M.

I hereby certify that I attended the deceased from Jan 12 1942 to May 19 1943
that I last saw him alive on May 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease
Cerebral embolism

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

Major findings: Of operations 92d
Of autopsy _____

Duration

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) _____
Means of injury _____

Signature Ray E. Hughes (M. D. or Vet.)
Address 708 S. 1st St Date May 20 43

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

MOTHER FATHER

43-5-474

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, fact should be so stated above.