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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1948

Registration District No. 164

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 19930

Registrar's No. ~~64~~ 65

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Warrensburg Clinic. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks. (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Holden, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. -- 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Viola Lewis Elwell

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Clyde Elwell

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May 6, 1913
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
35	1	15	hr. min.

9. Birthplace Blairstown, Henry Co., Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name Henry Wheeler Lewis 0
13. Birthplace Warrensburg, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Taylor Lewis 0
15. Birthplace Blairstown, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Elwell
(b) Address Holden, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-48
(Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director E.B.Cast E B Cast
(b) Address Holden, Mo.

19. (a) June 22, 1948 (Date received local registrar) (b) Savannah Mutchfield 1147 (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 21
year 1948 hour 3 AM minute M.

21. I hereby certify that I attended the deceased from 6-8, 1948, to 6-21, 1948
that I last saw her alive on 6-21-48, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis, chronic	1 yr
Due to Hypertension	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 1313

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 0

23. Signature R. Lee Cooper (M. D. or other)
Address Warrensburg Mo. Date signed 6/22/48

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1948

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. 4059

P. O. Address Holden, 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.