

FILED MAR 28, 1945

Registration District No. _____

Primary Registration District No. 4023

Registrar's No. 13

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

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Exeter
 (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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Barry
 (c) City or town Exeter
 (If outside city or town limits, write "RURAL") _____
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? no. (Yes or No) _____
 If yes, name country _____

3. (a) PRINT FULL NAME Martha K. Lewis
 3. (b) If veteran, name war --
 3. (c) Social Security No. --

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 25 year 45 hour 7:30 minute a. M.

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Arch Lewis
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Oct. 8 1879
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 1943 to Feb 24 1945
 that I last saw her alive on Feb 24 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 4 Days 15
 If less than one day _____ hr. _____ min.

Immediate cause of death Congestion of the Lungs
 Due to Pulmonary Tuberculosis

9. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 10. Usual occupation housewife

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER

11. Industry or business _____
 12. Name Wm. Long
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Semour
 (City, town, or county) (State or foreign country)
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
13

16. (a) Informant Mary L. Vauter
 (b) Address K.C. Missouri.
 17. (a) burial (b) Date thereof 2/26/45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Exeter Cem.
 18. (a) Signature of funeral director W. H. Koon
 (b) Address Cassville, Mo.
 19. (a) Mar 3-1945 (b) Grace Williams
 (Date received local registrar) (Registrar's signature)

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 W. R. M. Clive (M. D. or other) D.O.
 Address Cassville, Mo Date signed 2-26-45

1077

RECEIVED

District Officer No. 6,

District File Number 345-363

Date Filed MAR 23 1945

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 *E. M. Jomer*

Licensed Embalmer No. 3453

P. O. Address Cassville, 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.