

FILED APR 13 1945

Registration District No. 111

Primary Registration District No. 5426

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Gray Summit (Rural)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Beeles Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin

(c) City or town Gray Summit  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Lucy Alice Lewis

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1945 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
3-18, 1945, to 4-5, 1945;  
that I last saw h. or alive on 4-3, 1945;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Thomas Lewis 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 24 1861  
(Month) (Day) (Year)

Immediate cause of death  
Arteriosclerotic Cardiovascular Disease

Due to.....

Due to.....

Other conditions  
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>10</u>	<u>11</u>	hr. min.

Major findings:  
Of operations.....

Of autopsy.....

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

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Leri Lewis

13. Birthplace N. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Lewis  
(b) Address Gray Summit Mo.

17. (a) Burial (b) Date thereof 4/5/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gray Summit

18. (a) Signature of funeral director W. A. Strehlman  
(b) Address 47/45 P. O. Box 77 No. Beeles

19. (a) 4/7/45 (b) Blanch E. Fletcher  
(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) (e) Means of injury.....

23. Signature B. A. Strehlman (M. D. or other) M.D.  
Address Union, Mo. Date signed 4-6-45

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

36  
00

MOTHER FATHER

1118

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-12-45

**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.....

*Geo. L. Huber*

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.**