

FILED OCT 28 1947

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond

(c) Name of hospital or institution: 424 East Lexington St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ALLEN DAVID LEWIS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura Lewis

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased September 11, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>0</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Machinist

11. Industry or business Coal mines

MOTHER FATHER

12. Name Fielding Lewis

13. Birthplace Unknown Virginia
(State or foreign country)

14. Maiden name Martha Day

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

16. (a) Informant Garrus Lewis

(b) Address 424 E. Lexington, Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct. 6, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation St. Catherine, Mo.

18. (a) Signature of funeral director Thurmond Funeral Home

(b) Address Richmond, Missouri

19. (a) Oct 5 - 1947 (Date received local registrar)

(b) Marshall Jackson (Registrar's signature)

USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Ray

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

(d) Street No. 424 East Lexington St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd
year 1947 hour 10:00 minute P. M. October 1, 1947

21. I hereby certify that I attended the deceased from _____, 19____, to Oct. 3, 1947, 19____.

that I last saw h. im alive on October 3, 1947, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arterio Sclerosis

Due to _____

Other conditions arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: 83A

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? _____

While at work _____ (Specify type of place)

(a) _____ (b) Means of injury _____

23. Signature E. G. Day (M. D. or other)

Address Gay Bldg., Richmond, Missouri

Date signed 10/6/47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-25-47

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.....

William L. Thurman, Registered Apprentice No. 65,
working under my personal supervision.

Signed..... William L. Thurman

Licensed Embalmer No. 2073

P. O. Address..... Richmond, Missouri

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.