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

FILED AUG 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 25317

FILED AUG 12 1940

Registration District No. 390A Primary Registration District No. 4229 Registrar's No.

**1. PLACE OF DEATH:**

(a) County IRON

(b) City or town DES ARC MO
(If outside city or town limits, write "RURAL" and name of township)

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

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County IRON

(c) City or town DES ARC MO
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? ——— years.

3. (a) PRINT FULL NAME WELMON WAYNE LEWIS

3. (b) If veteran, name war ———

3. (c) Social Security No. ———

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ———

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

7. Birth date of deceased JULY (Month) 1 (Day) 1940 (Year)

8. AGE: Years | Months | Days 26 | If less than one day ——— hr. ——— min.

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

10. Usual occupation ———

11. Industry or business ———

FATHER
12. Name WELMON S LEWIS
13. Birthplace DES ARC (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name CLEMA FOSTER
15. Birthplace PIEDMONT (City, town, or county) MO (State or foreign country)

16. (a) Informant WELMON LEWIS
(b) Address DES ARC MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-40 (Month) (Day) (Year)
(c) Place: burial or cremation DES ARC CEMETERY

18. (a) Signature of funeral director Geo. O. Turnbull
(b) Address Ironton MO

19. (a) ——— (Date received local registrar) (b) ✓ (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 20
year 1940 hour ——— minute ——— M.

21. I hereby certify that I attended the deceased from July 20, 1940, to July 20, 1940; that I last saw him alive on July 20, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pertussis | 10 days |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: 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? 9 4 7
While at work? (Specify type of place) (e) Means of injury ———

23. Signature Ben M. Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 7-27-40

(Licensed Embalmer's Statement on Reverse Side)

No. 2B
-2-21-40
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# STANDARD CERTIFICATE OF DEATH

State File No. 25-317

Registration District No. 390A  Primary Registration District No. 4229  Registrar's No.

1. PLACE OF DEATH:
(a) County Dent
(b) City or town Deo are Mo.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WELMON WAYNE LEWIS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days 26 | If less than one day hr. min.

9. Birthplace Deo are Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name WELMON LEWIS
13. Birthplace Deo are Mo (City, town, or county) (State or foreign country)
14. Maiden name Elena Foster
15. Birthplace Piedmont Mo (City, town, or county) (State or foreign country)

16. (a) Informant Welmon Lewis
(b) Address Deo are Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Geo B Renfrow
(b) Address Dronton Mo

19. (a) (Date received local registrar) (b) Mrs R H Stevenson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 - 40
year hour minute M.

21. I hereby certify that I attended the deceased from July 20, 19 40 to July 20 19 40
that last saw h alive on July 20 19 40
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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) (e) Means of injury

23. Signature Ben M. Ball (M. D. or other)
Address Dronton Mo Date signed

SUPPLEMENTARY