

REC'D APR 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11666
Do not use this space.

1. PLACE OF DEATH

(a) County Osage Registration District No. 644
(b) Township Linn Primary Registration District No. 5853
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Scott Jewell 4.00

(a) Residence, No. Loose Creek, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Jane Jewell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11, 1850
7. AGE YEARS 87 MONTHS 5 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Sullivan County
(STATE OR COUNTRY) Ind.

13. NAME Jesse Jewell

14. BIRTHPLACE (CITY OR TOWN) Ind.
(STATE OR COUNTRY) Ind.

15. MAIDEN NAME Nancy Ann Moore

16. BIRTHPLACE (CITY OR TOWN) Sullivan Co.
(STATE OR COUNTRY) Ind.

17. INFORMANT Ellis Jewell
(ADDRESS) Loose Creek, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Linn, Mo. DATE 3-26-1938

19. FUNERAL DIRECTOR W. Norton Funeral Home
(ADDRESS) Linn, Mo.

20. FILED 3/26/38 Emily H. Natta
Local Registrar. 575

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1937, to Mar 25, 1938.
Last saw him alive on Mar 20, 1938 Death is said to have occurred on the date stated above, at 3:30 PM.
The principal cause of death and related causes of importance were as follows:

Cancer of Prostate gland Date of onset Jan 1937
Other contributory causes of importance: 51

Name of operation none Date of _____
What test confirmed diagnosis? clinical diagnosis

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
Also, specify no
(Signed) Caused S. Verhoff, M. D.
(Address) Wesphalia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)