

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

32003
Do not use this space.

OCT 12 1939

1. PLACE OF DEATH

(a) County Madison Registration District No. 101
 (b) Township Mirabelle Primary Registration District No. 2149 Registered No. _____
 (c) City _____ (d) Street No. _____
 (e) Length of residence in city or town where death occurred _____ (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 400 James Sherman Jewell St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. (SEX) M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9-1859
 7. AGE YEARS 79 MONTHS 9 DAYS 23 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. camp
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wasson Co., Kentucky

FATHER 13. NAME H. S. Jewell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

MOTHER 15. MAIDEN NAME Julia Marie Weigand
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co., West Virginia

17. INFORMANT (ADDRESS) R. S. Jewell, 2149

18. BURIAL, CREMATION, OR REMOVAL PLACE Ringsboro, Mo. DATE June 14, 1939

19. FUNERAL DIRECTOR (ADDRESS) H. F. Caldwell, 112

20. FILED July 5, 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1939

22. I HEREBY CERTIFY That I attended deceased from April 29, 1939 to June 12, 1939
 last saw him alive on June 8, 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Mitral regurgitation and dilated heart.
Rheumatism and Atheroma
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? NO
 If so, specify _____
 (Signed) Lee J. Ends, M. D.
 (Address) Hamilton, 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.

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STATEMENT BY LICENSED EMBALMER

I, H. F. Powell Licensed Embalmer No. 1804
hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self
I. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed H. F. Powell
Licensed Embalmer No. 1804

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.)