

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.

Registration District No. 162

Primary Registration District No. 5227

State File No. _____

Registrar's No. 7

1. PLACE OF DEATH:
(a) County Cass
(b) City or town W. Peculiar, Twp "Rural"
(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 6 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town W. Peculiar, Twp "Rural"
(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 Laura Bell Jewell 400
(b) If veteran, name war No (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 20
year 1940 hour 13 minute 35 P.M.

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Jewell 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Jan 20 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 15, 1940, to May 12 0, 1940
that I last saw her alive on May 20, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic nephritis Duration _____
(Renovations) 1940

8. AGE: Years 69 Months 4 Days -- If less than one day _____ hr. _____ min.

Due to Chronic nephritis 1939

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

10. Usual occupation House-wife

11. Industry or business _____

MOTHER FATHER
12. Name James Mitchell /
13. Birthplace Indiana /
(City, town, or county) (State or foreign country)
14. Maiden name Serena Martin /
15. Birthplace Virginia /
(City, town, or county) (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations no 121
Of autopsy no

16. (a) Informant's own signature Laura Jewell
(b) Address Peculiar MO
17. (a) Burial (b) Date thereof 5-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill- K.C. Kan

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

18. (a) Signature of funeral director Benjamin Funeral Home
(b) Address Kansas City, Mo
19. (a) May 22 1940 (b) Martin V. Robinson
(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 no
(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) (Means of injury)

23. Signature Laura Jewell (M. D. or other) _____
Address 707 Waldwin St Date signed 5-21-40

By Robbins

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

Harry Bergman

Licensed Embalmer No. *2041*

P. O. Address.....

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, above space should be left blank.