

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24279

State File No. 2889

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 10 Years about (Specify whether years, months or days)

3. (a) PRINT FULL NAME Estelle Miss Bernice Jewell 4077

8. (b) If veteran, name war None 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 26, 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one-day
19 6 22 hr. min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Lloyd H Jewell 0

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

14. Maiden name Goldie Coiner

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

16. (a) Informant Mrs. S. Jewell

(b) Address 5636 Kenwood

17. (a) Burial (b) Date thereof July 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director L. S. Mulroe

(b) Address 1401 Brush Creek Blvd.

19. (a) July 19, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5636 Kenwood Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1940 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 18, 19____, to July 18, 19____; that I last saw her alive on July 18, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Left by Dr. Barnes

Due to metastatic lymphosarcoma

Due to coronary atherosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy metastatic lymphosarcoma

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 L. S. Mulroe (M. D. or other)

Address 1322 Poplar St. Date signed July 19/40

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

MOTHER FATHER

Dr. L. S. Milne
Prof. Blodg
1-430
1172

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 *A. C. Newcomer Jr*

Licensed Embalmer No. 4043

P. O. Address *A. C. M.*

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.