

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24317

State File No. 2927

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas 3
(c) Name of hospital or institution:
State Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community 14 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 806 West 14th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

Benjamin Franklin Jewellen 115
3. (a) PRINT FULL NAME Benjamin Franklin Jewellen

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

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

7. Birth date of deceased June 13 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Retired school teacher

11. Industry or business 9

MOTHER FATHER { 12. Name John David Jewellen

13. Birthplace Paris, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Margaret Handrick

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

16. (a) Informant Mrs. Albert Willis

(b) Address 806 W. 14th

17. (a) Burial (b) Date thereof 7/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater, Mo.

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 5811 Grand Avenue

19. (a) July 22, 1940 (b) M. M. Craze
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1940 hour Four minute 45 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death 2 MI myocarditis 930

Due to arteriosclerosis
gangrene Rt foot

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) (c) Means of injury _____

23. Signature Smallwood (M. D. or other)

Address 924 Park Ave Date signed 7/24/40

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

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.....

Licensed Embalmer No.....

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.