S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8315

State File No.

Registrar's No. 11

Registration District No. 799

Primary Registration District No. 6031B

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Rural - Cambridge
(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 years, months or days) 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Slater Mo R F D #3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jennie Lewellen
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased November (Month) 1 (Day) 1863 (Year)

8. AGE: Years 77 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Columbus Ohio (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business ✓
FATHER
12. Name Thomas Duffield
13. Birthplace (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Charlotte Kelly
15. Birthplace (City, town, or county) England (State or foreign country)
16. (a) Informant Willie Lewellen
(b) Address Slater Mo R F D #3
17. (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 3-1-41 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Slater City Cemetery
18. (a) Signature of funeral director Jones & Salger
(b) Address Slater Mo
19. (a) 2-28-41 (Date received local registrar) (b) W M Tuttle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day Febry year 1941 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 23, 1941, to Feb. 27, 1941; that I last saw her alive on Feb. 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage.
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. Caldwell (M. D. or ~~other~~) D
Address Slater Mo Date signed 2-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-41

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 Jas E Jones

Licensed Embalmer No. 3143

P. O. Address Slater Mo

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.