

Registration District No. 210Primary Registration District No. 1-289Registrar's No. 5

1. PLACE OF DEATH:

- (a) County Clin ton Co. Missouri.
 (b) City or town Lafayette.
 (c) Name of hospital or institution:
 (If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____

In this community All his life (Specify whether years, months or days)3. (a) PRINT FULL NAME Arthur Smith Shewey.3. (b) If veteran, name war _____ 3. (c) Social Security No. none4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married6. (b) Name of husband or wife Elizabeth Shewey 6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased Aug 21/ 1878. (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
62 6 13 hr. min.9. Birthplace C linton Co. Missouri. (City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business Farming.12. Name Jac ob Shewey.13. Birthplace Virginia. (City, town, or county) (State or foreign country)14. Maiden name Elizabeth Ann Hall.15. Birthplace C linton Co. Missouri. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Lloyd Shewey(b) Address Stewartsville Missouri.17. (a) Rural (b) Date thereof Mar 6 1941 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Stewartsville Mo.18. (a) Signature of funeral director F. S. Lyon(b) Address Stewartville Mo.19. (a) Mar 6 1941 (b) Max John Ray (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Clinton
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")

(d) Street No. near Stewartville (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1941 hour 12 minute _____ M.21. I hereby certify that I attended the deceased from June 28, 1940, to March 4, 1941. that I last saw him alive on March 4, 1941, and that death occurred on the date and hour stated above.Immediate cause of death Tuberculosis Duration _____

Due to _____

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) (a) Means of injury _____

23. Signature M. S. Gale (M. D. brother) 1
Address Osborn Mo Date signed 3/4/41

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..... *F. G. Row*

Licensed Embalmer No..... 952

P. O. Address..... Stewartsville 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.