

No. 2
4-13-40
-17-39
K 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28353

State File No. _____

FILED SEP 10 1941
Registration District No. 316

Primary Registration District No. 2001

Registrar's No. 709

926
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield *Col.*

(c) Name of hospital or institution: 704 E. Walnut
(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

2. USUAL RESIDENCE OF DECEASED: 039

(a) State Missouri (b) County Greene 2

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 704 E. Walnut
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME Abba T. Jewell

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30, year 1941 hour 12:40 minute _____ A. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry S. Jewell

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

7. Birth date of deceased June 10, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from at death ² to _____ 1941 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

75	2	20	hr. _____ min.
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Immediate cause of death _____

Chronic Myocarditis

Due to _____

Senility

Due to _____

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

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

10. Usual occupation Housewife

11. Industry or business In Home

Major findings: _____

() Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name William H. Kelly

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

14. Maiden name Marguerite Frank

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

16. (a) Informant Harry S. Jewell

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 9/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

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? _____

18. (a) Signature of funeral director Alma Lohmeyer General Home
Springfield, Missouri

(b) Address _____

19. (a) 8-30-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

() Means of injury 3
ectopic Corone
(M. D. of other) _____

Address Springfield Mo Date signed 8/30/41

101. (Licensed Embalmer's Statement on Reverse Side)

SEP 6 1945

SEP 18 1945

SEP 25 1945

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 *Lewis G. Scharpf*

Licensed Embalmer No. *3802*

P. O. Address *Springfield, 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, fact should be so stated above.

X