

FILED DEC 11 1941
Registration District No. 21/894

Primary Registration District No. 3015-

Registrar's No. 151

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(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 years, months or days)

In this community 25 Years.

3. (a) PRINT FULL NAME Benjamin D. Jewett.

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male 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 3 years

7. Birth date of deceased: August 1861
(Month) (Day) (Year)

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

80 3 18 hr. min.

9. Birthplace: Illinois. /
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer.

11. Industry or business: ---

MOTHER FATHER { 12. Name Samuel Jewett

13. Birthplace Illinois. /
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Dorsey.

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

16. (a) Informant S. L. Jewett.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Nov. 23ⁿ/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman Hollar

(b) Address Boonville, Mo.

19. (a) 11-25-41 (b) St. Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper ²⁷

(c) City or town Boonville /
(If outside city or town limits, write "RURAL")

(d) Street No. 301 Santa Fe Trail. ²⁰
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21ⁿ
year 1941 hour 3 minute P. A. M.

21. I hereby certify that I attended the deceased from 1930
....., 19....., to 11-21-41, 19.....;

that I last saw him alive on 11-21-41, 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to bilateral pyelonephritis 5 Y
(bacillus proteus)

Due to multiple catheterizations 5Y
due to prostatic hypertrophy and
bladder calculi

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

Major findings: 137a

Of operations none done recently
prostatectomy a yr ago

Of autopsy none

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)

(e) Means of injury ---

23. Signature A. L. Roseberry (M. D. or other) MD

Address Boonville, Missouri Date signed ---

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-9-41

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.....

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.