

DEC 29 1941

Registration District No. 18

Primary Registration District No. 4046

Registrar's No. 19

1. PLACE OF DEATH:

(a) County BOONE

(b) City or town ROCHEPORT, MO
(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 78 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ALICE JEWELL

3. (b) If veteran, name war V

3. (c) Social Security No. V

4. Sex Female

5. Color or race negro

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

6. (b) Name of husband or wife Henry Jewell

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

7. Birth date of deceased 12-22-1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Don't Know

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

14. Maiden name Don't Know

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

16. (a) Informant Mamie Johnson

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 10-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocheporth, Mo

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia, Missouri

19. (a) 10/28/41 (b) Mary M. Angell
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Rocheporth
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1941 hour 9 minute 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 _____

Due to Apoplexy

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations _____

Of autopsy none

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 10-26-41

(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 car

23. Signature Mamie Johnson (a) _____ (b) _____
Address Columbia, Mo Date signed 10/25

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

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NOV 18 1946

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 _____

Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.