

No. 2
-5-42
-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33164
Boone

State File No.

FILED NOV 10 1942

Registration District No. 88 Primary Registration District No. 3006-5120 Registrar's No. 238

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 206 S. 6th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 206 S. 6th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HETTIE JOY FEWSMITH
3. (b) If veteran, name war None 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 24
year 1942 hour 9:00 minute _____ P. M.

4. Sex Female 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 _____ years
7. Birth date of deceased 1 - 29 - 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1st 1941 to Oct 24 1942 that I last saw him live on Oct 24 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 8 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage Duration _____

9. Birthplace Rockfalls Illinois /
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Teacher

Due to Cerebral arterio Sclerosis - previous been diagnosed 30 Min

11. Industry or business _____
12. Name Howard Fewsmith
13. Birthplace Philadelphia Pa. /
(City, town, or county) (State or foreign country)
14. Maiden name Mary Preston
15. Birthplace South Hadley Mass. /
(City, town, or county) (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: 3a
Of operations _____
Of autopsy _____

16. (a) Informant Stella Fewsmith
(b) Address 206 S. 6th St.
17. (a) Burial (b) Date thereof 10-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

(c) Place: burial or cremation Columbia Cemetery
18. (a) Signature of funeral director Parkeus F. Berne
(b) Address Columbia, Mo.
19. (a) 10-26-42 (b) E. dna H. Barber
(Date received local registrar) (Registrar's signature)

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? _____ (Specify means of injury) _____
23. Signature [Signature] (M. D. or other) [Signature]
Address _____ Date signed _____

1250 (Licensed Embalmer's Statement on Reverse Side)

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

420

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

M. W. Whitfield

Licensed Embalmer No.

3493

P. O. Address

Columbia

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.