

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 139

Primary Registration District No. 4775

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Holt  
(b) City or town Oregon  
(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  
In this community 9 months (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt  
(c) City or town Oregon (If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: 0

3. (a) **PRIME** FULL NAME Mary Magdaline Jewell

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Elmer Jewell 6. (c) Age of husband or wife if alive, ..... years  
7. Birth date of deceased April 20 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 0 14 ..... hr. .... min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER {  
12. Name Thomas Holmes  
13. Birthplace Greenbrier Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Parker  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lew Bemberger

(b) Address Oregon, Mo.

17. (a) Burial (b) Date thereof 5-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Point, Mo.

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Mo.

19. (a) May 7 1943 (b) Pauline Dawson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4  
year 1943 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from May 20, 1943, to May 11, 1943, that I last saw him alive on May 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Colic/convulsion of stomach

Due to Holt

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none

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? no injury (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 E. F. Klarsay (M. D. or other)  
Address 2799 W. 7th Date signed 5-7-43

Duration  
Underline the cause to which death should be charged statistically.

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**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 James H. Pettijohn  
Licensed Embalmer No. 31192  
: P. O. Address Oregon 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.**