

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

OCT 28 1943 64

Registration District No. _____

Primary Registration District No. 4395

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Ogden
 (b) City or town Lainesville Missouri
(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 1
(Specify whether
 In this community one week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Baxter
 (c) City or town Mountain Home
(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 none

3. (a) PRINT FULL NAME Daniel Jewell

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, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 23rd 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>8</u>	<u>no</u>	hr. _____ min.

9. Birthplace Appleton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Retired Carpenter

12. Name Ben Jewell
 13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Essie Parker

(b) Address Lainesville, Mo

17. (a) Burial (b) Date thereof Sept 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Home, Baxter Co, Ark

18. (a) Signature of funeral director McClure Funeral Home
 (b) Address Lainesville, Missouri

19. (a) Sept 23, 1943 (b) Margaret Hitchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd
 year 1943 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 9-43
Sept 23, 1943 until Sept 23, 1943
 that I last saw him alive on at 10:30 pm Sept 23, 1943
 and that death occurred on the date and hour stated above.

Duration _____
 Immediate cause of death _____

Due to General Sindility
old age

Due to _____

Other conditions (Include pregnancy within months of death) HE Pace M.D.

Major findings: Of operations _____

Of autopsy 162 lb

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 HE Pace (M. D. or other) _____
 Address Lainesville Mo Date signed 9/23/43

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

MOTHER FATHER

10078

RECEIVED

District Health Officer No. 6,

District File Number 1043-1168

Date Filed OCT 25 1943

MAY 17 1944

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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Gainesville, Tex.

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.