. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

Registration District No. 70

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16617

Primary Registration District No. 4127

Registrar's No. 38

1. PLACE OF DEATH:
(a) County Clark
(b) City or town Luray
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Clark
(c) City or town Luray
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Watson Jewart
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 Mary Ann Jewart
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 20 (Day) 1855 (Year)

8. AGE: Years 89 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Georgetown (City, town, or county) Pa. 1 (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name David M. Jewart
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rachel Kulkit
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Maude Tutting
(b) Address Luray Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Kahoka Ce.
18. (a) Signature of funeral director Tutting's Und.
(b) Address Luray Mo.
19. (a) 5-14-45 (Date received local registrar) (b) Perry S Boston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1945 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from Apr. 30 1945 to May 9 1945
that I last saw him alive on May 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal (Hypostatic) Pneumonia
Due to shock
Due to falling down stairs
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) accident
(b) Date of occurrence Apr., 30, 1945
(c) Where did injury occur? Luray (City or town) Clark (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
(Specify type of place)
While at work? (e) Means of injury
23. Signature Perry S Boston Coroner (M. D. or other) Do
Address Kahoka Date signed Mo.

1273

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-45-890
Date Filed JUN 7 1945

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 Otis L. Tutting

Licensed Embalmer No. 2965

P. O. Address Luray 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.