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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Calloway

State File No. 27388

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 675

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

9
2
6

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months (Specify whether

In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37

(c) City or town Springfield 2 (If outside city or town limits, write "RURAL")

(d) Street No. 704 E. Walnut 6 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry S. Jewell

3. (b) If veteran, name war No

3. (c) Social Security No. UNK.

4. Sex Male 0

5. Color or race White

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

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

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

7. Birth date of deceased Aug. (Month) 11, (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 78	0	14	hr. min.

9. Birthplace Wyandotte (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation President

11. Industry or business Springfield Newspapers Inc.

FATHER
12. Name John B. Jewell
13. Birthplace UNK. (City, town, or county) UNK. 9 (State or foreign country)

MOTHER
14. Maiden name UNK.
15. Birthplace UNK. (City, town, or county) UNK. 9 (State or foreign country)

16. (a) Informant Mrs. T.W. Duvall

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/45 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 8-27-45 (Date received local registrar) (b) Dr W G Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1945 hour 6 minute 50a. M.

21. I hereby certify that I attended the deceased from Nov 1944, to Aug 25 1945, that I last saw him alive on Aug 24 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 46 B

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Guy D Calloway (M. D. or other) MD

Address Springfield, Mo. Date signed 8/27/45

984 (Licensed Embalmer's Statement on Reverse Side)

AUG 5 1947

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Ma

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.