

FILED JUN 10 1946
Registration District No. 278

Primary Registration District No. 4413

Registrar's No. _____

1. PLACE OF DEATH
(a) County Pike
(b) City or town Frankford
(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 Life
years, months or days)

3. (a) PRINT FULL NAME NETTIE MAY LEWELLEN
3. (b) If veteran, name war ✓
3. (c) Social Security No. -

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife T. D. LEWELLEN
6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased JULY 18 1897
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 29
If less than one day hr. min.

9. Birthplace Helton Station Mo. - 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Hilgard Manwaring
13. Birthplace South Dakota
(City, town, or county) (State or foreign country)

14. Maiden name Northrup Klaseck

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

16. (a) Informant Mrs. Lyle Holman

(b) Address Frankford, Mo.

17. (a) Burial (b) Date thereof April 19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford, Mo. -

18. (a) Signature of funeral director Felby + Son
(b) Address Frankford, Mo.

19. (a) May 19 1946 (b) Doragant E. Stephens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 82
(c) City or town Frankford 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. _____, 1946, to Apr. _____, 1946
that I last saw her alive on Apr. 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death circulatory collapse and Heart Failure
Duration _____

Due to Carcinoma of bladder & sigmoid
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations Carcinoma of bladder & sigmoid
Of autopsy ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 _____

23. Signature E. P. Jansen (M. D. or other) DO
Address Frankford, Mo. Date signed Apr. 19

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

MOTHER FATHER

State Health Officer No. 10
State File Number 6-46-1154
Date Filed JUN 6 1946

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 Gene Fields Megawon

Licensed Embalmer No. 4893

P. O. Address Frankford, 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.

Registration District No. 218

Primary Registration District No. 4413

Registrar's No. _____

1. PLACE OF DEATH: Pike
 (a) County _____
 (b) City or town Frankford
 (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 _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (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 Nette M. Jeweller
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July Year 1944 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased: July (Month) 19 (Day) 1908 (Year)
 8. AGE: Years 68 Months 8 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

Due to _____
 Due to Bladder & Sigmoid colon
the close H. S. H. & S. could
 Other conditions tel
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 462

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) _____
 (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 S. P. Hansen (M. D. or other) _____
 Address Frankford, Mo. Date signed 5/14/46

SUPPLEMENTARY

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

16560

17680