

S. No. 2
M-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19613**

FILED JUL 8 1946
Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **197**

1. PLACE OF DEATH: **Butler**
 (a) County **Butler**
 (b) City or town **Osborne Bluff**
 (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 **20 min.**
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Reynolds**
 (c) City or town **Rural**
 (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 _____

3. (a) PRINT FULL NAME **William M. Jewell**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Mar** day **12**
 year **1946** hour **12** minute **10 P.M.**
 21. I hereby certify that I attended the deceased from **January 11, 1945**
 to **March 2, 1946**
 that I last saw him alive on **March 2, 1946**
 and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mathis** 6. (c) Age of husband or wife if alive **60** years
 7. Birth date of deceased **June 10 1878**
 (Month) (Day) (Year)

Immediate cause of death
 Due to **Chronic Myocarditis**
 Due to **Chronic Rheumatism**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

8. AGE: Years **67** Months **9** Days **3** If less than one day _____ hr. _____ min.
 9. Birthplace **Jennetteville Mo.**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Farmer**

PHYSICIAN
 Underline the cause to which death should be charged statistically.
930

11. Industry or business
 12. Name **George Jewell**
 13. Birthplace **unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mary Jewell**
 15. Birthplace **unknown**
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (c) 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 **A. F. Buzg, M.D.** (M. D. or other)
 Address **Ellington, Mo** Date signed **4-21**

16. (a) Informant **Mrs Jewell**
 (b) Address **Ellington Mo**
 17. (a) **Burial** (b) Date thereof **3-15-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Ellington Mo**
 18. (a) Signature of funeral director **Phil A Jewell**
 (b) Address **Van Buren Mo**
 19. (a) **6/25/46** (b) **R. W. Minette**
 (Date received local registrar) (Registrar's signature)

35

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 746-79

Date Filed 2-3-46

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 3-13-46

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Philip A. Luchel*
Licensed Embalmer No. 2936
P. O. Address *Van Buren Tr*

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.