S. No. 2
—12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 10 1946

State File No. 29692

Registration District No. 43

Primary Registration District No. 300-75143

Registrar's No. 321

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Old Hiway # 67 Butler Co. 3
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Bennie C. Jewell
3. (b) If veteran, name war World War #2
3. (c) Social Security No. .....
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 20 (Day) 1926 (Year)

8. AGE: Years 20 Months 5 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Poplar Bluff (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....

FATHER
12. Name Glenn Jewell
13. Birthplace Hendrickson (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Virgie Robertson
15. Birthplace Butler Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Glenn Jewell
(b) Address R.F.D.# 1 Poplar Bluff, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Marble Hill
18. (a) Signature of funeral director FRANK-COTRELL
(b) Address Poplar Bluff, Mo.
19. (a) 9/27/46 (Date received local registrar) (b) R H Mintree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 rd year 1946 hour 11 minute P.M. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Traumatism Car Wreck

Due to Lost Controle of Automobile while going down Hill on Public

Due to Hiway Turning over in ditch Throwing him out Crushing Head and Body

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 1 2
(b) Date of occurrence Sept 23 - 1946
(c) Where did injury occur? (City or town) Butler (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hiway (Specify type of place)
While at work? Mo (e) Means of injury Car Wreck 3
Signature Grover W Green (M.D. or other) Coroner
Address Poplar Bluff Mo Date signed 9/24/46

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1046-1182
Date Filed 10-1-46

OCT 25 1946

OCT 11 1946

OCT 10 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.

AUG 1 1947

Signed Lou Clark

Licensed Embalmer No. 4216

P. O. Address Poplar Bluff

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.