

**FILED NOV 18 1946**

Registration District No. **2**

Primary Registration District No. **3006**

Registrar's No. **265**

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 308 Oak St. 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 about 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 308 Oak St 4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MATILOA JEWELL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ernest Jewell 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased 2-28-1890 (Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Alexander Pipes  
13. Birthplace Rochepoint Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Agnes Smith  
15. Birthplace Rochepoint Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mildred L. Key  
(b) Address Columbia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Galaxy Cemetery

18. (a) Signature of funeral director Stuart Parker

(b) Address Columbia, Missouri

19. (a) 11-4-46 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1 year 1946 hour 9 minute 00 a.m.

21. I hereby certify that I attended the deceased from 10/23 1946, to 10/30 1946  
that I last saw her alive on 10/30 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 9 days  
Due to Arterial Hypertension

Due to \_\_\_\_\_  
Other conditions Aortic Regurg (Include pregnancy within 3 months of death)

MAJOR FINDINGS  
Of operations 92A  
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) \_\_\_\_\_  
(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) (c) Means of injury \_\_\_\_\_

23. Signature J.S. Daigle (M. D. or other) M.D.  
Address Columbia, Mo. Date signed 11/2/46

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

**RECEIVED**  
District Health Officer No. 9,  
District File Number ~~11/13/46~~  
Date Filed

**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 Steven D. Parker  
Licensed Embalmer No. 2900  
P. O. Address Columbia, 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.**