S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23307

Registration District No. 16 | Primary Registration District No. 4030 | Registrar's No.

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Golden City
(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 years, months or days)
In this community: 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton
(c) City or town: Golden City
(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 ROLAND JEWELL
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Anna E. Jewell
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: December (Month) 1 (Day) 1849 (Year)

8. AGE: Years 97 | Months 7 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: Bloomington (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: merchant
11. Industry or business

FATHER
12. Name: Carlos G. Jewell
13. Birthplace: Winchester (City, town, or county) Mass. (State or foreign country)

MOTHER
14. Maiden name: Amy Sumners Cook
15. Birthplace: Milford (City, town, or county) Mass. (State or foreign country)

16. (a) Informant: E.H. Jewell
(b) Address: Golden City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: July 15, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: I.O.O.Cem. Golden City, Mo
18. (a) Signature of funeral director: Phillips Funeral Home
(b) Address: Golden City, Mo.
19. (a) July 14 1947 (Date received local registrar) (b) Hazel M. Pugh (Registrar's signature) 15

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1947 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from July 1, 1947, to July 12, 1947, that I last saw him alive on July 12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Senility — Duration
Due to
Due to
Other conditions (Includes pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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: Chas R Browne (M. D.)
Address: Golden City Mo Date signed 7/14/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 747-795
Date Filed JUN 23 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 N. H. Pugh

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.