No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 19 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 11577

Registrar's No. 423

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

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Methodist Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 817 So. 16th 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME: Mary A nn Jewitt

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Joseph Jewitt

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: April (Month) 28 (Day) 1870 ~~1869~~ (Year)

8. AGE: Years 77 ~~78~~ Months 11 Days 15 If less than one day hr. min.

9. Birthplace: Ottumwa (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: At home

11. Industry or business: A t home

12. Name: Pat Welch

13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country) 4

14. Maiden name: Ann

15. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant: Roy Jewitt

(b) Address: St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/15/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Heaton-Bowman

(b) Address: St. Joseph, Mo.

19. (a) Apr 16, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 397

Mortgage Filed 3-4-48

Corr. by H. C. Stotts

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 22, 1948 to April 13, 1948; that I last saw her alive on April 13, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	12 hrs.
Due to: Arteriosclerosis, General	5 yrs.
Due to: Hypertension, essential	7 yrs.
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	8 yrs.

Major findings:
Of operations
Of autopsy 6

PHYSICIAN

Underline the cause of 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

33. Signature: H. H. Earle (M. D. or other)

Address: 706 Francis St. Joseph, Mo. Date signed 4/13/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph,

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Buchanan }

State File No.
Local Registrar's No. 423

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27 day of April, 1948, before me appears Maude Price, who, upon her oath, states that the original record of ~~birth~~ death for Mary Ann Fourth, ~~born~~ died April 13, 1948, in the State of Missouri, and which was filed at St. Joseph, Mo on ....., 19....., should be corrected as follows:

Item No. 7 should read April 27, 1870
Instead of April 28, 1869

Item No. 8 should read 77 - 11 - 16
Instead of 78 - 11 - 15

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Maude Price Daughter
Relationship.

1211 Penn St Joseph, Mo
Present Address.

Subscribed and sworn to before me this 27 day of April, 1948.

My Commission expires My Commission Expires Oct. 18, 1950 Alouise Bacman Notary Public.

n V. S. 135
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