. S. No. 2
0M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13523

Registration District No. 254 — Primary Registration District No. 5867 — Registrar's No.

1. PLACE OF DEATH:
(a) County: Oregon
(b) City or town: Thayer (Rural) (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
In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Oregon 75
(c) City or town: Thayer (Rural) 0 (If outside city or town limits, write "RURAL")
(d) Street No. ..... 0 (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Cordelia Jewell
3. (b) If veteran, name war: --
3. (c) Social Security No.: --
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Joe Jewell
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 12, 1873 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	-	14	..... hr. ..... min.

9. Birthplace: Oregon County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Domestic
11. Industry or business .....
FATHER
12. Name: ? Wilkerson 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name: Unknown 9
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 1
16. (a) Informant: Cleveland Jewell
(b) Address: Thayer, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Shiloh Cem.
18. (a) Signature of funeral director: Leland Carter
(b) Address: Thayer, Mo.
19. (a) 4-23-48 (Date received local registrar) (b) Edith Crass (Registrar's signature) 21 X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1948 hour 2 minute 00 P. M.
21. I hereby certify that I attended the deceased from 3-1- 1948, to 3-16 1948 that I last saw her alive on 3-16- 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Cor Failure	3 days
Due to	
Due to: Chronic Nephritis	2 yrs
Other conditions: Hypertension (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause of which death should be charged statistically.

13 B

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) 2
While at work? ..... (e) Means of injury .....
23. Signature: John R Ellison (M. D. or other) DO
Address: Thayer Mo. Date signed 4-3-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Ellison

RECEIVED
District Health Officer No 5,
District File Number 5-4-8-292
Date Filed 5-8-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.