

Registration District No. 27

Primary Registration District No. 5504

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural "Clinton County"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution at old home road (at home)
(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 Mo (b) County Henry 47
(c) City or town Rural Clinton 0
(If outside city or town limits, write "RURAL")
(d) Street No. So. 1 1/2 Old Depue Road 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John G. Yewell
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 30
year 1948 hour _____ minute 35 P.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Ottie Jewell
6. (c) Age of husband or wife if alive second years
7. Birth date of deceased Nov 6 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from on May 29 1948
that I last saw him alive on May 29 1948
and that death occurred on the date and hour stated above.
Duration _____

8. AGE: Years Months Days If less than one day
94 6 24 hr. _____ min.

Immediate cause of death Chronic myocarditis unknown
Due to Chronic nephritis unknown

9. Birthplace Cartersville Ill.
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Charley Jewell

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

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Marj Carter

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Jewell
(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 6-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Bur.

18. (a) Signature of funeral director Ed Wilkinson
(b) Address Clinton Mo.

19. (a) 6-1-48 (b) R. R. Hennip
(Date received local registrar) (Registrar's signature)

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? _____ (a) Means of injury _____

23. Signature James G. Smith (M. D. or other) M.D.
Address Clinton, Mo. Date signed 6-1-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 3-48-612

Date Filed 6-2-48

11:20 AM 405

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 _____

W. B. Reagin Jr.

Registered Apprentice No. 517

working under my personal supervision.

Signed _____

Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.