

No. 30-4
-10-47
5-17-39
D-I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29288
Registrar's No. 139

FILED OCT 14 1948
Registration District No. 2

Primary Registration District No. 3017

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

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ALEX RAVENSWAAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)
In this community 2 DAYS (Specify whether years, months or days)

3: (a) PRINT FULL NAME JEWEL T. TOMBS
3: (b) If veteran, name war WORLD WAR II
3: (c) Social Security No. 497-12-5569

4. Sex MALE 5. Color or race WHITE
6: (a) Single, widowed, married, divorced SINGLE
6: (b) Name of husband or wife
6: (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 5 - 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 2 28 hr. min.

9. Birthplace CAMDEN COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business SAW MILL

12. Name CHARLEY TOMBS

13. Birthplace CAMDEN COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MAUDE COLES

15. Birthplace CAMDEN COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16: (a) Informant MRS CHARLEY TOMBS

(b) Address GRAVOIS MILLS - MISSOURI

17: (a) BURIAL (b) Date thereof OCT. 6-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VERSAILLES - MO.

18: (a) Signature of funeral director STEGNER

(b) Address BOONVILLE - MISSOURI

19: (a) 10-6-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MORGAN
(c) City or town GRAVOIS MILLS
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 3 day _____
year 1948 hour 30 minute 2 A. M.
21. I hereby certify that I attended the deceased from Oct 2
10 p.m. 1948 to Oct 3 1948
that I last saw him alive on Oct 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Duration 5 hours

Due to Inhabd. hemorrhage

Due to Automobile accident

Other conditions Injury to head
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) Auto accident

(b) Date of occurrence Oct 2, 1948

(c) Where did injury occur? at Stover, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on public road.

While at work no (Specify type of place) (e) Means of injury Auto wreck

23. Signature [Signature] (M. D. or other)

Address Boonville, Mo Date signed Oct 6

call with info 10-19-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-13-48

OCT 19 1948
JAN 13 1949

NOV 4 1948

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 James W. Segur
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.