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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 7 1948

Registration District No. 39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35902

Primary Registration District No. 4097

Registrar's No. 213

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 601 Lake Ave
(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 42 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cass
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. 601 Lake Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH JANE JEWELL

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Jewell

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

7. Birth date of deceased Oct (Month) 21 (Day) 1855 (Year)

8. AGE: Years 93 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Harrisburg (City, town, or county) Pa. (State or foreign country)

10. Usual occupation Home-maker

11. Industry or business

FATHER
12. Name George Swigert
13. Birthplace ✓ (City, town, or county) Pa (State or foreign country)

MOTHER
14. Maiden name Mary
15. Birthplace ✓ (City, town, or county) ✓ (State or foreign country)

16. (a) Informant Minnie Jewell
(b) Address 637 West 57 Ter. KC Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Orient Cemetery

18. (a) Signature of funeral director RUMMENDINGER'S
(b) Address HARRISONVILLE, MO.

19. (a) Dec 4 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3 year 1948 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from Aug. 1946, to Dec. 3 1948, that I last saw her alive on Dec. 2 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA, HEAD, PANCREAS — Duration 6 Mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) HB

Major findings:
Of operations

Of autopsy CARCINOMA, HEAD OF PANCREAS

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) NO
(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

23. Signature O. P. Barger (M. D. or other) MD
Address Harrisonville, Mo Date signed 12/3/48

(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 Ernest Rammenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.