

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1360

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1360</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>66 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | 3 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2456 Cleveland</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Ben</u> | | b. (Middle) <u>LEBERT</u> | | c. (Last) <u>Jewell</u> | |
| 4. DATE OF DEATH | | (Month) <u>3</u> | | (Day) <u>23</u> | | (Year) <u>1949</u> | |
| 5. SEX <u>M O W</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>MAR. 16, 1883</u> | |
| 9. AGE (In years last birthday) <u>66</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BRIDGE</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u> | | 11. BIRTHPLACE (State or foreign country) <u>Mo O</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | | 13a. FATHER'S NAME <u>THOS. W JEWELL</u> | | 13b. MOTHER'S MAIDEN NAME <u>NANCY POWERS</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>ALIE JEWELL</u> | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>487-26-5066</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>CHAS. H. BROWN</u> | | | | ADDRESS <u>2456 CLEVELAND</u> | | | |
| 18. CAUSE OF DEATH | | | | | | | |
| Enter only one cause per line for (a), (b), and (c) | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral bronchopneumonia with early abscess formation</u> | | | | | | | |
| ANTECEDENT CAUSES | | | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | | | | |
| DUE TO (b) <u>Emphysema and interstitial pulmonary fibrosis</u> | | | | | | | |
| DUE TO (c) <u>Bronchial asthma</u> | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>asthma</u> | | | | | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>241x</u> | | | | | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb. 20</u> , 19 <u>49</u> , to <u>March 23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>March 23</u> , 19 <u>49</u> , and that death occurred at <u>11:35A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Victor B. Buhler</u> | | | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>24th and Cherry</u> | |
| 23c. DATE SIGNED <u>3-24-49</u> | | | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>3-26-49</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u> | | DATE REC'D BY LOCAL REG. <u>3-25-49</u> | | REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. BLACKMAN & SON, Inc. K.C. MO</u> | | | | ADDRESS <u>K.C. MO</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

48
3
8
0

Dr. Austin

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed *H. D. Blackman*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3639*.....

P. O. Address *K. C. 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.