

REC'D AUG 7 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

25701  
Do not use this space.**1. PLACE OF DEATH**

(a) County Henry Registration District No. 349  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4207 Registered No. \_\_\_\_\_  
 (c) City Calhoun (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 68 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Retta Ann Sewell  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>undowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lon. Sewell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17, 1871</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>—</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry County Mo</u>		
FATHER	13. NAME <u>Lavi Robinson</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Mary Bradley</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard County Mo</u>	
17. INFORMANT (ADDRESS) <u>Ethel Parks</u> <u>Calhoun Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calhoun</u> DATE <u>July 4, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. A. Hansey</u> <u>Calhoun Mo</u>		
20. FILED _____ 19 _____ Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1939

22. I HEREBY CERTIFY That I attended deceased from June 11, 1939, to July 3, 1939  
 I last saw him alive on July 28, 1939. Death is said to have occurred on the date stated above, at 12:10 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of stomach  
 Date of onset 1 yr.

Other contributory causes of importance:  
46

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Joseph B. Sewell, M. D.  
 (Address) 3106 E. Illinois, Ind.

RECEIVED  
District Health Officer No. 7,  
District File Number 7-39-1081  
Date Filed 8-2-35

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, *myself*,  
....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed *W. H. Houser*  
.....  
Licensed Embalmer No. 3502

P. O. Address *W. H. Houser*  
.....

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Henry Registration District No. 349  
(b) Township \_\_\_\_\_ Primary Registration District No. 4207  
(c) City Calhoun (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Retta Ann Jewell

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Low Jewell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 - 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Missouri

13. NAME Levi Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

15. MAIDEN NAME Mary Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) Ethel Parks  
Calhoun Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE July 4 1939

19. FUNERAL DIRECTOR (ADDRESS) J. P. Harsany  
Calhoun Mo

20. FILED Sept. 1 - 1939 Mrs. Edith J. Simpson  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3 1939

22. I HEREBY CERTIFY, That I attended deceased from June 12 1939 to July 3 1939

I last saw her alive on July 2 1939 Death is said to have occurred on the date stated above, at 12 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the stomach

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) Joseph P. Orail, M. D.

(Address) Clinton Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1939

S-25701