

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

REC'D SEP 20 1939
Registration District No. 199

Primary Registration District No. 5499

Registrar's No. 1

1. PLACE OF DEATH: 2

(a) County Henry

(b) City or town Calhoun, "Rural" - Deereck
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 85 yr - years, months or days (Specify whether 110 - 3)

3. (a) PRINT FULL NAME Elisebeth A Fewel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

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 (Day) _____ (Year) _____

7. Birth date of deceased 3 (Month) 8 (Day) 1854 (Year)

8. AGE: Years 85 Months 5 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Calhoun (City, town, or county) MO (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Fewel

13. Birthplace Rockingham Co N Carolina (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Crawford

15. Birthplace Rockingham Co N Carolina (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Stone

(b) Address Calhoun, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-39 (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director Fred C Wilkinson

(b) Address Clinton Mo 956

19. (a) Aug 12 1939 (Date received local registrar) (b) Mrs. Edith Simpson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry

(c) City or town Calhoun
(If outside city or town limits, write "RURAL")

(d) Street No. Near Calhoun (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11 year 1939 hour 2:40 minute 10 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to Aug 11, 1939; that I last saw him alive on Aug 11, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Central hemorrhage Duration 2 days

Due to Senile arteriosclerosis Unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) 82 lb

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) 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? no

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S B Hughes (M. D. of _____)

Address Clinton Mo Date signed 8/12/39

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

Fred W. Kewson

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.