

FILE MAR 16 1940

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
501 S 3rd st
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
 (c) City or town Clinton Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 501 S 3rd st
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME RHODA EVELYN 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 Married

6. (b) Name of husband or wife H M FEWEL 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 12 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Clinton mo
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business _____

12. Name A C Avery 0

13. Birthplace Henry Co mo
(City, town, or county) (State or foreign country)

14. Maiden name Rhoda Augusta Dodge

15. Birthplace Marietta Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis Freund

(b) Address Conway Ark

17. (a) Burial (b) Date thereof 2/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood cem

18. (a) Signature of funeral director J G Condeus

(b) Address Clinton mo

19. (a) 2-24-40 (b) Dr J R Hampton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day February
 year 1940 hour 11 minute 50 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw her alive on Feb. 19, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 4 hours

Due to _____
 Due to _____

Other conditions Chronic cholelithiasis 1 year
(Include pregnancy within 3 months of death)

Major findings:
 Of operations None
 Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NS
 (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) (e) Means of injury

23. Signature S B Hughes (M. D. or other) Dr
 Address Clinton Mo. Date signed Feb 20 1940

MOTHER FATHER

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

Rev. 5-17-39
 1 X19311

N. B.—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.

RECEIVED
District Health Officer No. 7,
District No. 3-40-398
Date Filed 3-5-38

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 J. E. Consalus
Licensed Embalmer No. 1891
P. O. Address Clinton, 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, above space should be left blank.