

S. No. 2
M-9-4-41
v. 5-17-39
X28784

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33817

State File No.

FILED NOV 11 1942

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 189

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Fewel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Newton N. Fewel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb 24 1845
(Month) (Day) (Year)

8. AGE: Years 97 Months 7 Days 10 If less than one day _____ by _____ min.

9. Birthplace: _____ (City, town, or county) Ind 1 (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER

12. Name James Munday

13. Birthplace _____ (City, town, or county) Ky 1 (State or foreign country)

14. Maiden name Mary Thacher

15. Birthplace _____ (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Mrs. Elsie Fewel

(b) Address Clinton Mo

17. (a) Burial, cremation, or removal Burial (b) Date thereof 10-8-42
(Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conrad News

(b) Address Clinton Mo

19. (a) Oct 7 1942 Georgia Kitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Clinton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 207 S 6th
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 4
year 1942 hour 8:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10th 4th day 1942 to 10th 4th day 1942
that I last saw him alive on 10th 4th day 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke

Due to car accident. Fracture of pelvis + sternum

Due to Senility

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

Major findings: _____

Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence Oct 4 1942

(c) Where did injury occur? Clinton Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Road

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Geo S News (M.D. or other) SD
Address Clinton Mo Date signed Oct 5 1942

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1182

Date Filed 11-6-42

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.....

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, fact should be so stated above.