

No. 2  
5-42  
17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# FILED MAR 12 1945 STANDARD CERTIFICATE OF DEATH

State File No. **5389**

Registration District No. **137**

Primary Registration District No. **5-514**

Registrar's No. **38**

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

**1. PLACE OF DEATH:**

(a) County Henry

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

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

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

In this community 69 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Henry **42**

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

(d) Street No. Springfield Hosp (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Klora Jane Fewel

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Female **5. Color or** White **6. (a) Single, widowed, married,** married  
race white divorced \_\_\_\_\_

**6. (b) Name of husband or wife** L.H. Fewel **6. (c) Age of husband or wife if** 74 years  
alive \_\_\_\_\_

**7. Birth date of deceased** June 27 1876  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>69</u>	<u>6</u>	<u>20</u>	hr. _____ min. _____

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

**10. Usual occupation** House wife

**11. Industry or business** \_\_\_\_\_

**12. Name** Georgia Shepherd

**13. Birthplace** Springfield Ohio (City, town, or county) (State or foreign country)

**14. Maiden name** Rosaline Sanderson

**15. Birthplace** Luroy Mo (City, town, or county) (State or foreign country)

**16. (a) Informant** Ernest V Fewel

**(b) Address** Calhoun Mo

**17. (a) Burial** (b) Date thereof Jan 20 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Calhoun Cemetery

**18. (a) Signature of funeral director** W. H. ...

**(b) Address** Calhoun Mo

**19. (a) 2-12-44** (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

**20. DATE OF DEATH:** Month Jan day 17 year 1946 hour 10:00 minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** Jan 16 1946 to Jan 16 1946

that I last saw u alive on Jan 16 1946 and that death occurred on the date and hour stated above.

**Immediate cause of death** Cerebral hemorrhage of cerebellum

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**Duration** \_\_\_\_\_

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy 462

**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) \_\_\_\_\_

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

**23. Signature** W. H. ... (M: D: Y: 1/24/46)

**Address** Windsor **Date signed** 1/24/46

120

MAR 19 1946

RECEIVED

D:

Office No. 71

Practice No. 2-46-214

Date Filed 3-9-46

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 *myself*

Registered Apprentice No.

working under my personal supervision.

Signed

*J. A. Housey*

Licensed Embalmer No. 3582

P. O. Address *Calhoun Ave*

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.