

Registration District No. 137

Primary Registration District No. 5516

Registrar's No. 239

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Rural Springfield Prop
 (If outside city or town limits, write "RURAL" and name of township)
near Oakland
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community 80 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE-OF DECEASED:

(a) State Missouri (b) County Henry 42
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. near Oakland
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Cornelia Fewell

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 widowed

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

7. Birth date of deceased Oct 17 1852
 (Month) (Day) (Year)

8. AGE: Years 94 Months 2 Days 2 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) Henry (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

12. Name Hope Bell 9

13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name Anna 9

15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Edo Fewell

(b) Address Calhoun Mo Rt 1

17. (a) Burial (b) Date thereof 12-22-46
 * (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director Frank Wilkerson

(b) Address Clinton Mo

19. (a) 12-21-44 (b) R.R. Kenney
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
 year 1946 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 10 to Dec 19, 1946
 that I last saw h. alive on Dec 19, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
simple

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy lob

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 R. Jennings (M. D. or other) _____

Address Clinton Mo Date signed 12-21 46

STATE ARCHIVES - MISSOURI

JAN 30 1947

12-24-46

11-46-3-63

Date

District

District

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 Wilkerson

Licensed Embalmer No.

2478

P. O. Address

Clinton

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, fact should be so stated above.