

S. No. 300
FORM-10-47
rev. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29582

State File No.

Registration District No. 137

Primary Registration District No. 5516

Registrar's No. 193

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile N. of Rowland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
in this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Rural Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile N. of Rowland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Eldo Henry Fewell
3: (b) If veteran, No 3: (c) Social Security No. _____
name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10
year 1948 hour 5:30 minute P M.
21. I hereby certify that I attended the deceased from Sept 9, 1948
to Sept 9, 1948, 19____ to _____, 19____;
that I last saw him alive on dead on arrival, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rachel Fewell 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased 1-10-1875
(Month) (Day) (Year)

Immediate cause of death Myocardial failure - perhaps due to coronary disease

8. AGE: Years 73 Months 8 Days 0 If less than one day hr. _____ min. _____

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

9. Birthplace Henry Co. MO
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Jerome Fewell
13. Birthplace Henry Co. MO
(City, town, or county) (State or foreign country)
14. Maiden name Cornelia Bell
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Rachel Fewell
(b) Address father's Mo.
17. (a) Burial (b) Date thereof: 9-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Wendell W. Windsor (M. D. or other) MD
Address: Wendell Mo. Date signed Sept 14 48

(c) Place: burial or cremation W. of Rowland
18. (a) Signature of funeral director Wendell W. Windsor
(b) Address Wendell Mo.
19. (a) 9-14-48 (b) A. R. Kermeyer
(Date received local registrar) (Registrar's signature)

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

209

RECEIVED

District Health Officer No. 71

District File Number 8-48-1104

Date 9-20-48

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

Leed Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Quincy MA

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.