

FILED NOV 23 1948  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4214

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Calhoun  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence (city) /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Lee Hereford Fewell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 492-18-2054

4. Sex M. O

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 Mar (Month)

2 (Day) 1872 (Year)

8. AGE:

Years 76 Months 8 Days 17

If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Henry Co. (City, town, or county)

Mo (State or foreign country)

10. Usual occupation Retired

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

12. Name Richard Zachariah Fewell

13. Birthplace Winston-Salem (City, town, or county) S.C. (State or foreign country)

14. Maiden name Elizabeth Crawford

15. Birthplace Winston-Salem (City, town, or county) S.C. (State or foreign country)

16. (a) Informant Eugene Fewell

(b) Address Baldwin, Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

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

(b) Address Calhoun Mo

19. (a) 11-20-48 (Date received local registrar) (b) R. R. Kerney (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19  
year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Nov 14  
14 8, 1948, to Nov 19, 1948  
that I last saw him alive on Nov 19, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pulmonary  
Tuberculosis

Due to Hypertension

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

Major findings:  
Of operations 1/10  
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) \_\_\_\_\_  
(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)  
(c) Means of injury 0

23. Signature H. Fewell (M. D. or other) MD  
Address Calhoun Mo Date signed 11/20/48

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

RECEIVED

District Health Officer No. 7

District File Number 19-2-1335

Date Filed 11-22-48

DEC 1 1948

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 Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. H. Hensley

Licensed Embalmer No. 3682

P. O. Address Calhoun, 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.