

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

35816
Do not use this space.

NOV 7 1939

1. PLACE OF DEATH
 (a) County Clay Registration District No. 148
 (b) ~~Township~~ Fishing River Primary Registration District No. 301 Registered No. 195
 (c) or City Excelsior Springs (d) Street No. Veterans Administration Facility St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME YEWELL, Lewis John
 (a) Residence, No. Route #3 St. Clinton, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Janie Yewell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	45	5	2	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. ---
 10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon, Missouri

FATHER
 13. NAME John Yewell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
 15. MAIDEN NAME Ottla (maiden name unknown)
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Mo. DATE Oct. 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Howard Vansant, Undertaker, Clinton, Mo.

20. FILED Oct 28 1939 Mrs. R. W. Cracker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1939 19 to Oct. 28, 1939 19.
 I last saw him alive on Oct. 28, 1939 19. Death is said to have occurred on the date stated above, at 1:20 m. a. m.
 The principal cause of death and related causes of importance were as follows:
Gunshot wound inflicted by another person Date of onset

Other contributory causes of importance: ---

Name of operation Abdominal exploratory Date of 10-26-39
 What test confirmed diagnosis? --- Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? homicide Date of injury undetermined
 Where did injury occur? undetermined
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. undetermined

Manner of injury Gunshot wound
 Nature of injury Gunshot wound inflicted by another person

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Mrs. W. L. W. Cracker
 (Signed) MRS. W. L. W. CRACKER, M. D.
180 (Address) Clay County Missouri Corner Liberty, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/2/39

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.....

P. O. Address.....

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, above space should be left blank.