

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

40304

Do not use this space.

**1. PLACE OF DEATH**

(a) County Monroe Registration District No. 581  
 (b) Township 1 Primary Registration District No. 4343 Registered No. 92  
 (c) City Monroe city (d) Street No. 203 East Lawn 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 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Lucy Lee Jewell

(a) Residence, No. 203 - East Lawn St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Jewell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 11 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc. at Home  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lincoln Co (STATE OR COUNTRY) Missouri

FATHER 13. NAME James F. Mudd

14. BIRTHPLACE (CITY OR TOWN) Lincoln Co (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Harriett Mudd

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Lee Jewell (ADDRESS) Monroe City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holy Rosary Cemetery DATE Nov 6 1939

19. FUNERAL DIRECTOR (NAME) Wilson & Son (ADDRESS) Monroe City Mo

20. FILED 11/5 1939 D. D. Pipplin Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1939

22. I HEREBY CERTIFY That I attended deceased from June 24, 1939, to Nov 4, 1939

I last saw her alive on Nov 3, 1939. Death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset 6/1/39  
ggb

Other contributory causes of importance: General Atherosclerosis 1936  
Dysenteria

Name of operation none Date of     

What test confirmed diagnosis? Chimery Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?      Date of injury     , 19    

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury     

Nature of injury     

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify     

(Signed) W. D. Phipps, M. D.

51 (Address) Monroe City Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2090

Date Filed DEC 7 1900

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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 O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City Mo

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.