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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28932

Registration District No. 420 Primary Registration District No. 5633 Registrar's No. 99

1. PLACE OF DEATH:

(a) County Lawrence Mo

(b) City or town Mt. Vernon Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 179 days (Specify whether
In this community 179 days
years, months or days) (520)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Jackson
(If outside city or town limits, write "RURAL")

(d) Street No. 411 Greensferry Rd
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Harry Herbert Sewing

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lona R. Sewing

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July (Month) 20 (Day) 1913 (Year)

8. AGE: Years 27 Months 0 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Arnsberg (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Shoe factory worker

11. Industry or business

FATHER
12. Name Rudolph L Sewing
13. Birthplace Friedheim (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Catherine Dickmann
15. Birthplace Arnsberg (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs. McDaniel Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 18 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Mo

18. (a) Signature of funeral director Fossett Funeral Home

(b) Address Mt. Vernon, Mo

19. (a) 8-17-40 (Date received local registrar) (b) P.A. HOLMES (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th year 1940 hour 6:25 minute P M.

21. I hereby certify that I attended the deceased from February 21st, 1940 to Aug 17, 1940; that I last saw him alive on Aug 17th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis 3	1/2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

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? 421 (Specify type of place)

While at work? (e) Means of injury

23. Signature J A Stocken (M. D. or other) 1

Address Mt Vernon Mo Date signed 8-17-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 940-2540
Date Filed SEP 3 1940

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 Max Fossett, Registered Apprentice No. 268 working under my personal supervision.

Signed Mrs H. D. Fossett

Licensed Embalmer No. 2720

P. O. Address Mt. Vernon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.