

Registration District No. 875

Primary Registration District No. 8039

Registrar's No. 276

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community Seven years
years, months or days)

3. (a) PRINT FULL NAME James E. Chew

3. (b) If veteran name war None 3. (c) Social Security No. 500-05-5585

4. Sex Male 6. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Della Chew 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb. 4 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Pennsylv. 1 Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Miller

11. Industry or business Worker in lead & zinc mines

12. Name Lemuel Chew

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Hooper

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Della Chew

(b) Address 115 So. Jefferson, Nevada, Mo.

17. (a) Buried (b) Date thereof Feb. 24 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galena, Kansas

18. (a) Signature of funeral director Raymond R. ...

(b) Address Nevada, Missouri
19. (a) 9-25-41 (b) Allen H. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 115 So. Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A. 7 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from August 1 - 1941 to September 22 - 1941; that I last saw him alive on September 22 - 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of prostate gland.

Due to 516

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No Operation

Of autopsy No Autopsy

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) (e) Means of injury

28. Signature D. B. ... (M. D. or other)

Address Nevada, Mo Date signed

RECEIVED

Dist. Health Officer No. 7,

Dist. Case Number 10-41-1738

Date Filed 10-9-41

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 Allen V. Hoops

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.