

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 49

1. PLACE OF DEATH:
 Adair
 (a) County
 (b) City or town Novinger "Rural" "Missouri"
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 60vr. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ver P. Sewell
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 (b) Name of husband or wife Mary Sewell
 6. (c) Age of husband or wife if alive 20 years (Month) (Day) (Year)
 7. Birth date of deceased Feb. 20 1859
 (Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 3
 If less than one day _____ hr. _____ min.

9. Birthplace Adair Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business farm

MOTHER { 12. Name William Henry Sewell

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

14. Maiden name Ann Tifson

MOTHER { 15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mammie Cook,

(b) Address Novinger Mo. R.F.D.

17. (a) burial (b) Date thereof Jan. 25-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Temple Cent.

18. (a) Signature of funeral director Der Riley

(b) Address Kirksville Mo.

19. (a) Jan. 26 1942 (b) Mrs. J. Wagner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Adair
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Novinger R.F.D.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
 year 1942 hour 7 minute 30 p.m.

21. I hereby certify that I attended the deceased from 1936
 _____ 19 _____ to Jan 1942

that I last saw him alive on Jan. 22 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
 Duration _____

Due to arteriosclerosis

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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)

(e) Means of injury _____

23. Signature R. Stikler (M. D. or other) M.D.

Address Kirksville Date signed 1-26-42

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

RECEIVED

District Health Officer No. 10

District File Number

2-42-378

Date Filed

FEB 20 1942

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, _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

D. E. Palmer

Licensed Embalmer No. 4181

P. O. Address Kirksville 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, fact should be so stated above.