

FILED NOV 6 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 343

Primary Registration District No. 7506

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Essex
(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 _____ (Specify whether)

In this community 9 mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Essex, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN ANDREW NEWELL

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Oct day 21 year 1945 hour 6:30 minute _____ M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: Dec Jan 10 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 24 - 45 to Apr 21 - 45 that I last saw him alive on Oct 9 - 45 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation
Arterio Sclerosis

8. AGE: Years 83 Months 9 Days 11 If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Maringo Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Andrew Jewell

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

14. Maiden name D.S.

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jim Jewell Hill

(b) Address Essex Mo

17. (a) Triplet Cemetery Date thereof 10-
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Triplet Cemetery Essex

18. (c) Signature of funeral director W. H. Home
(b) Address S. Foster Mo

19. (a) Oct 23 1945 (b) Nora Jones
(Date received local registrar) (Registrar's signature)

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 J. R. Jones (M. D. or other) _____
Address Essex, Mo Date signed 10-22-45

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1045-315-

Date Filed 10-31-45

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 Raymond D. Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.