No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13938

Registration District No. 233 Primary Registration District No. 4348 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Wellsville Mo.
(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 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town Wellsville Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edna Irene Pew

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife Fred Pew

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Apr (Month) 23 (Day) 1907 (Year)

8. AGE: Years 38 Months 11 Days 27 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business Same

FATHER
12. Name T.R.Jennings
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cora Bell Monroe
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Fred Pew
(b) Address Wellsville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation Middletown Mo

18. (a) Signature of funeral director W.B. Wells
(b) Address Wellsville Mo.

19. (a) 4/21/46 (Date received local registrar) (b) Thos. Merritt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day 19th
year 1946 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from March, 1946 to April 19, 1946
that I last saw her alive on April 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Wells (M. D. or other) Do
Address Wellsville Mo Date signed 4/29/46

211

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-2-46

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~~ Self

, Registered Apprentice No.

working under my personal supervision.

Signed N B Wells

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.