No. 2
8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39079

Registration District No. 233 | Primary Registration District No. 3074 | Registrar's No. 43

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (cabin) E. Lescher Add. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether years, months or days) In this community: life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Scott
(c) City or town: Sikeston (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ROBERT SEWELL
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: male
5. Color or race: colored
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: MAY (Month) 1860 (Day) (Year)
8. AGE: Years: 88 | Months | Days | If less than one day: hr. min.
9. Birthplace: Scott Co (City, town, or county) MO (State or foreign country)
10. Usual occupation: Retired yardman
11. Industry or business:
FATHER 12. Name: NELSON SEWELL
FATHER 13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: TREESIE SIKES
MOTHER 15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: KATIE SEWELL
(b) Address: SIKESTON, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 11-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston Mo
18. (a) Signature of funeral director: Walah F. Horne
(b) Address: Sikeston Mo
19. (a) 11-30-48 (Date received local registrar) (b) Mrs. D. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 7 year: 1948 hour: 11:30 minute: a. M.
21. I hereby certify that I attended the deceased from Dec 1947, 19..., to ..., 19..., that I last saw him alive on Oct 14, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to: Cardio-Renal-Vascular disease	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Howard A. Dunaway (M. D.)
Address: Sikeston Mo Date signed 11-30-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1248-1619
Date Filed 12-6-48

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 Lewis
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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.