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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11757

Registration District No. 718 Primary Registration District No. 6430 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town ~~[illegible]~~ Unionville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Monroe Clinic + Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 2½ hours (Specify whether
In this community All his Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86 1

(c) City or town Rural 0
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jordan [redacted] Ewing

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rosie Estrella Ewing 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August (Month) 7 (Day) 1881 (Year)

8. AGE: Years 59 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Timothy J Ewing
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Martha Martin
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant James M. Ewing
(b) Address Rt 4 Unionville Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof March 30 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of funeral director Comstock Funeral Home
(b) Address By J.W. Comstock - Unionville Missouri

19. (a) March 29 (Date received local registrar) (b) N. W. Gilliam (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1941 hour one minute Thirty P.M.

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

Immediate cause of death Suicide
Died from bullet wound about 2 in. behind ear, fired from a 38 cal. gun
Due to by himself
Due to
Other conditions
(Include pregnancy within 3 months of death)
164 C

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) Suicide
(b) Date of occurrence March 26-1941
(c) Where did injury occur? Putnam, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 64 on farm (Specify type of place)
While at work? no (e) Means of injury gun 2

23. Signature E W Jones Coroner 5 (M. D. or other)
Address Unionville, Mo. Date signed 3-26-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-41-713
Date Filed APR 10 1941

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 James W Comstock
Licensed Embalmer No. 4197
P. O. Address Unionville Missouri

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.