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4-41
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

19368 State File No. ~~[illegible]~~ 1

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 137

**1. PLACE OF DEATH:**

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 215 W. Mill
(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 days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Adair 3
(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 215 W. Mill
(If rural, give location)
(e) Citizen of foreign country? -- 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Phillip 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 Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April (Month) 24 (Day) 1941 (Year)

8. AGE: Years | Months | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Kirksville (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation ---
11. Industry or business ---

FATHER
12. Name William Ewing
13. Birthplace Adair Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Betty Sparks
15. Birthplace Putnam Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Wm. Ewing
(b) Address Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greentop, Missouri
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Missouri
19. (a) May 16/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 27 day April year 1941 hour — 7 minute 0 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.

| | Duration |
|---|---|
| Immediate cause of death Cremature | |
| Due to Not able to take nourishment | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 159 | |
| 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? 2 (Specify type of place)
While at work? ..... (e) Means of injury 3

23. Signature W. C. Summers Coroner (M.D. or other)
Address Kirksville Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1189
Date Filed JUN 18 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 Harold H. Nigal

Licensed Embalmer No. 4076

P. O. Address Kirksville, [illegible]

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply [illegible] the above constitutes grounds for revocation of license.)**

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