

Registration District No. 38

Primary Registration District No. 3-0-6-5720

Registrar's No. 225

1. PLACE OF DEATH:
(a) County Boone
(b) City or town McBaine *COLUMBIA*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1
(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) 18 Years /

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone *10*
(c) City or town McBaine *0*
(If outside city or town limits, write "RURAL") *0*
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) *0*
If yes, name country _____

3. (a) PRINT FULL NAME EDITH LOUISE EWING
(b) If veteran, name war None
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 6
year 1944 hour 1 minute _____ P.M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife T.A. Ewing
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 - 15 - 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *on Sept 6*
already 19. to death 19. 44
that I last saw h. _____ alive on No 19. _____
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary block *Duration few minutes*

8. AGE: Years Months Days If less than one day
49 11 21 hr. _____ min.

Due to Do not know
has had heart trouble
Due to for several years
But seemed to be much better till she
Other conditions fell out of her
(Include pregnancy within 3 months of death)
Major findings: chair pat the table
Of operations _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Geo. W. Dixon

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

14. Maiden name Henrietta Mode

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

16. (a) Informant Mr. T.A. Ewing

(b) Address Route 1, McBaine, Mo.

17. (a) Burial (b) Date thereof 9-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Barber Funeral Service
(b) Address Columbia, Mo.

19. (a) 9-9-1944 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
No
Never saw her alive

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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? No (Specify type of place)
(e) Means of injury _____
23. Signature W.P. Dixon (M. D. or other) M.D.
Address _____ Date signed 9/8/44

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

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NOV 19 1941

AUG 22 1941

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-18-44

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 W. S. Whiteides

Licensed Embalmer No. 3893

P. O. Address Columbia, Md.

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.