

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28610

State File No.

Registration District No. 278

Primary Registration District No. ~~700~~ 5953

Registrar's No. 921

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Rural Buffalo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R#2 Louisiana, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82
(c) City or town Rural Buffalo 0
(If outside city or town limits, write "RURAL")
(d) Street No. R#2 Louisiana, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

GRACE MAY EWING

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Claude R. Ewing

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov. 21, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Hswfe.

11. Industry or business Own home

12. Name Charles Pegon

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

14. Maiden name Lillie Knoles

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

16. (a) Informant Mr. Claude R. Ewing

(b) Address R#2, Louisiana, Mo.

17. (a) Burial (b) Date thereof 8/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Greenwood Cem. Clarksville, Mo.

18. (a) Signature of funeral director Haley Mortuary

(b) Address Louisiana, Mo.

19. (a) 8/21/47 (b) Bernice Coelin
(Date received local registrar) (Registrar's signature) 374

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21
year 1947 hour _____ minute _____ 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 Heart
Coronary Arteriosclerosis
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94A

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?

While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature Dr. E. J. ...
Address Lawrence, Mo. Date signed 8-21-47

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

MOTHER FATHER

101 72 10W

APR 8 1949

MAY 4 1949

RECEIVED
District Health Officer No. 10
District File Number 9-47-227-
Date Filed SEP-3-1947

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 *George O. Wagner*
Licensed Embalmer No. *3773*
P. O. Address *Louisiana, 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.