

WRITE CLEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28944  
Do not use this space.

REC'D SEP 21 1938

1. PLACE OF DEATH *Green* Registration District No. *320*  
 (a) County *Green* Primary Registration District No. *544B*  
 (b) Township *Green* Registered No. \_\_\_\_\_  
 (c) City *Springfield, R.R. No. \_\_\_\_\_* (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred *2* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Jamima Anna Ewing*  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 Usual place of abode, if no street address, write county or city

PERSONAL AND STATISTICAL PARTICULARS

3. SEX  F  
 4. COLOR OR RACE *W*  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR WIFE OF) *W. T. Ewing*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 21 1872*

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>65</i>	<i>2</i>	<i>7</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *House Keeper*

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

FATHER

13. NAME *Thos. Coffey*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Penn.*

MOTHER

15. MAIDEN NAME *Mary Pierce*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

17. INFORMANT (ADDRESS) *W. T. Ewing  
Springfield Mo, R# 6*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green* DATE *Aug 30 1938*

19. FUNERAL DIRECTOR (ADDRESS) *T. B. Chaffin  
Ozark Mo*

20. FILED *Aug 28 1938 Lucy E. Hoyle  
Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 28 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 28*, 19*38*, to *Aug 28*, 19*38*  
 I last saw her alive on *Aug 28*, 19*38*. Death is said to have occurred on the date stated above, at *1:30* m.  
 The principal cause of death and related causes of importance were as follows:  
*Heart failure - Mitral*  
 Date of onset \_\_\_\_\_

Other contributors causes of importance: *Rheumatism*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify *TV D Crane* (Signed) \_\_\_\_\_ M. D.  
 (Address) *218 1/2 Coll. Springfield Mo*

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**