

REC'D FEB 23 1939

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

2717
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township Marion Primary Registration District No. 5562
(c) City Carthage (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Rt # 4 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Agnes Ewing</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6 1882</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>6</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Radio Announcer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Sound track</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indianapolis Ind.</u>		
FATHER	13. NAME <u>Elysh Ewing</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Sallie Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Miss Agnes Ewing Rt # 4 Carthage</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Hope Cem</u> DATE <u>Jan 30 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Walt City Und Co. Walt City Mo</u>		
20. FILED <u>Jan 30 1939 E. J. Mc Intire, M.D. Local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1939

22. I HEREBY CERTIFY That I attended deceased from December 20 1938 to Jan 27 1939
I last saw him alive on Jan 27 1939. Death is said to have occurred on the date stated above, at 5:21 m.
The principal cause of death and related causes of importance were as follows:
Chronic endocarditis
Date of onset

Other contributory causes of importance: 92W

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 _____
(Signed) D. T. C. Disher, D.C., M.D.
(Address) 400 S Grand Ave Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-391

Date Filed FEB 17 1939

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 Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed Rayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Walt City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.