

REC'D MAR 20 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH7337
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 1046
 (b) Township Third Primary Registration District No. 5810 Registered No.
 (c) City Newton Ford (d) Street No. 2 - Maple 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

650 Mrs. Opal Ewren
 (a) Residence, No. R# 2 Maple 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Ewren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4, 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 11 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Museums
 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 John Fields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Lucy Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Thomas Ewren
R# 2 Maple

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Valley Church DATE Feb 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walt City, Mo.

20. FILED 2-25-39 Ed Jones Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1939 to Feb 24, 1939
 I last saw him alive on Feb 24, 1939. Death is said to have occurred on the date stated above, at 2:05 p.m.
 The principal cause of death and related causes of importance were as follows:

Diagnose of onset
Broncho Pneumonia
 Other contributory causes of importance: 1074

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

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) R. F. Cheatham, M. D.
 (Address) Diamond, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-598

Date Filed MAR 10 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.