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RECORDED JUL 24 1939

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

22543  
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 480  
(b) Township Union Primary Registration District No. 4289 Registered No. 7  
(c) City La Grange (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Thoms Ewing

(a) Residence, No. La Grange, Mo. St.  (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1st. 1859  
7. AGE YEARS 79 MONTHS 10 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
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 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19th. 1939  
22. I HEREBY CERTIFY That I attended deceased from April 1st. 1939, to June 19th. 1939  
I last saw him alive on June 19. 1939. Death is said to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of orbital region of face N.D.M.B. Date of onset \_\_\_\_\_  
Other contributory causes of importance: 53  
all atrophic  
Anemia

12. BIRTHPLACE (CITY OR TOWN) Lewis County  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Samuel Ewing

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

MOTHER 15. MAIDEN NAME Jane Creasy

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

17. INFORMANT Roberts Ewing  
(ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE June 21st, 39

19. FUNERAL DIRECTOR (NAME) A. A. Roberts  
(ADDRESS) La Grange, Mo.

20. FILED 6/21 1939 W. F. Ewing Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Alcohol Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_  
(Signed) Dr. L. E. Conner, M. D.  
La Grange, Mo. (Address)

WRITE PLAINLY, 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.

RECEIVED

District Health Officer No. 10

District File Number 7-39-1328

Date Filed JUL 21 1939

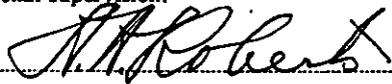
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, June 19th. 1939

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address.....

**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, above space should be left blank.**