

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

43416
 Do not use this space.

1. PLACE OF DEATH **GREENE** ² Registration District No. **318**
 (a) County **GREENE** ¹ Primary Registration District No. **309** Registered No. **951**
 (b) Township or City **SPRINGFIELD** (d) Street No. **959 S. Jefferson** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (c) 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 **620 Orilla Ewers**
 (a) Residence, No. **959 S. Jefferson** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 25, 1866**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
X	73	2	6	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) **12-31-1940** 11. Total time (years) spent in this occupation **77**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cedar Co. Mo.**

FATHER

13. NAME **Unknown**

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

MOTHER

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Clyde Raymond, Springfield, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Maple Park** DATE **1-2-1941**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Alvin Johnson, Springfield, Mo.**

20. FILED **1/2** 19 **40** **Chas. A. George** M.D. Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-31-1939**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him ^{dead} ~~alive~~ on **1-1-1940**. Death is said to have occurred on the date stated above, at **5:30 A.M.**

The principal cause of death and related causes of importance were as follows:
Senile Dementia

Date of onset

Other contributory causes of importance:
arteriosclerosis
senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? **clinical** 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) **R. Red White** M. D.
Coroner Greene County

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.

Re. Ned White

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.....

Chas C. George....., Registered Apprentice No. 204
working under my personal supervision.

Signed Raym Hinkle.....

Licensed Embalmer No. 3444.....

P. O. Address Springfield.....

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.

X