

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.

FILED MAR 14 1940

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

6788
Do not use this space.

1. PLACE OF DEATH

(a) County Howard, Registration District No. 878
 (b) Township..... Primary Registration District No. 4222
 (c) City Fayette, (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 Charles Obal Ewens

(a) Residence, No. Same 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17th 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 4 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
 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) occupation

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

FATHER 13. NAME John Ewens

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

MOTHER 15. MAIDEN NAME Mary Ann Roberts

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

17. INFORMANT (ADDRESS) Mrs Hettie Ewens, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary, DATE 2/9th 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley, Fayette, Mo.

20. FILED Mar. 5, 1940 V. C. Bonham Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7th 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1940, to 2-7, 1940. I last saw him alive on 2-7, 1940. Death is said to have occurred on the date stated above, at 8:30 a.m. The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid + descending coln 4b Jan-1940

Other contributory causes of importance:

Hemorrhage from rectum Jan 1940
 Name of operation Laparotomy Date of 2-4-40
 What test confirmed diagnosis? equal 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 Mr. J. Shaw, M. D.
 (Signed) Fayette, Mo. (Address)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-12-42

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.....

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

Signed *Ralph Carr*.....
Licensed Embalmer No. *3340*

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.