DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10618

Registration District No. 171 Primary Registration District No. 4100 Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Chariton
(b) City or town: Keytesville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: All His Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Chariton
(c) City or town: Keytesville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: ROBERT WRIGHT EWING
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Sept. (Month) 3rd (Day) 1859. (Year)
8. AGE: Years 80 Months 6 Days 10. If less than one day hr. min.
9. Birthplace: Keytesville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: S. P. Ewing
FATHER 13. Birthplace: Keytesville (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Catherine Wright
MOTHER 15. Birthplace: Richmond (City, town, or county) Mo. (State or foreign country)
16. (a) Informant's own signature: E. L. Elliott
(b) Address: Keytesville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 14 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Keytesville, Mo.
18. (a) Signature of funeral director: Hyde & Bennett
(b) Address: Keytesville Mo.
19. (a) 3/14/1940 (Date received local registrar) (b) Mrs Roy Sandusky (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1940 hour 1:30 minute 35 A. M.
21. I hereby certify that I attended the deceased from January 12, 1940, to March 13, 1940, that I last saw him alive on February 26, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature: Carl C. Weger (M. D.)
Address: Keytesville Mo Date signed 3/14/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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
ict Health Officer No. 8,
ct File Number
Date Filed 10-9-40

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 H. O. Garnett

Licensed Embalmer No. 3046

P. O. Address Keytesville Mo.

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.