U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18466

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 492

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Springfield, ~~Missouri~~ Baptist Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Morrisville, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sallie Jane Ewing 520

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

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 September 21 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	60	8	10	hr. min.

9. Birthplace Morrisville — Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business self.

FATHER
12. Name Morris A. Ewing
13. Birthplace Polk Co. — Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Jasper County — Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Eunice Ewing
(b) Address Morrisville, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Morrisville, Mo.

18. (a) Signature of funeral director Genea Bim Will
(b) Address Walnut Grove, Mo. 101

19. (a) June 1, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st.
year 1940 hour 12 minute 25 p. M.

21. I hereby certify that I attended the deceased from May 29, 1940, to May 31, 1940;
that I last saw her alive on May 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	not known
Due to Diabetic Coma	96 hrs
Due to Nephritis chronic	
Other conditions (Include pregnancy within 3 months of death)	

59

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Robert Glynn (M. D. or other) Mo
Address Springfield, Mo. Date signed 5/31/40

(Licensed Embalmer's Statement on Reverse Side)

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.