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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FEB 14 1941

STANDARD CERTIFICATE OF DEATH

State File No. 2030

Registration District No. 105 Primary Registration District No. 5154 Registrar's No. 27

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town MOKANE RURAL
(If outside city or town limits, write "RURAL") 0
(d) Street No. R. F. D. #1
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME SAMUEL CASS EWENS
3. (b) If veteran, name war
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced 2 WIDOWED
6. (b) Name of husband or wife MELINDA LOUISE WHYTE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG. (Month) 27 (Day) 1857 (Year)

8. AGE: Years 83 Months 4 Days 10 If less than one day hr. min.

9. Birthplace CALLAWAY Co. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business

FATHER
12. Name SAMUEL EWENS
13. Birthplace YOUNGSTOWN (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name MARIA HOPKINS
15. Birthplace CULPEPPER Co. (City, town, or county) VIRGINIA (State or foreign country)

16. (a) Informant's own signature M. W. Ewens
(b) Address MOKANE, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation MOKANE
18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 700 Court St. Fulton, Mo.
19. (a) Date 9-1941 (Date received local registrar) (b) W. Williamson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7 year 1941 hour 2. minute 0 M.
21. I hereby certify that I attended the deceased from 2 yr, 19..., to 19...; that I last saw him alive on Jan 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia Sclerosis	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) Poor	

Major findings:
Of operations
Of autopsy No

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 J. E. Porter (M. D. or other)
Address Mokane Mo Date signed

(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.

Rev. 8-17-39 1 X19811

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 Glen Y. Mangin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.