

FILE FEB 25 1941

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

3836
Do not use this space.

1. PLACE OF DEATH
 (a) County Phelps Registration District No. 677
 (b) Township Ralla Primary Registration District No. 4403 Registered No. 2
 (c) City Ralla (d) Street No. 1 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 George M. Ewing
 (a) Residence, No. 1 St. 1 (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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
<u>81</u>	<u>10</u>	<u>9</u>		

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Zanesville (STATE OR COUNTRY) Ohio

FATHER
 13. NAME Dont Know
 14. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY) Dont Know

MOTHER
 15. MAIDEN NAME DK
 16. BIRTHPLACE (CITY OR TOWN) DK (STATE OR COUNTRY) 9

17. INFORMANT (ADDRESS) Mrs John Hance
Ralla Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ralla Cem DATE 12/23 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs Harry McCann
Ralla Mo

20. FILED Dec. 23 1940 Jos. F. Ayers
Cal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21 Am 1940

22. I HEREBY CERTIFY, That I attended deceased from 7-19 1940 to 12-21 1940
 I last saw him alive on 12-21 1940 Death is said to have occurred on the date stated above, at 12A m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
 Date of onset 9-2-40

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) H. H. Davis M.D.
 (Address) Ralla Mo.

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

District Health Officer No. 5,

District File Number 241181

Date Filed _____

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.