S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7488

Registration District No. 508 | Primary Registration District No. 3026 | Registrar's No. 32

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston
(c) City or town: Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No.: 327 Walnut Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Dudley B. Ewen
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: Widowed
6. (b) Name of husband or wife: Virge Ewen
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: October (Month) 29 (Day) 1869 (Year)
8. AGE: Years 71 Months 3 Days 18 If less than one day ____ hr. ____ min.
9. Birthplace: Chillicothe (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Barber
12. Name of father: George W. Ewen
13. Birthplace of father: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name of mother: Mary Frances Robinson
15. Birthplace of mother: Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Dudley B. Ewen Jr.
(b) Address: 327 Walnut; Chillicothe, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood Cem.
18. (a) Signature of funeral director: F. B. Herman Co.
(b) Address: Chillicothe, Missouri
19. (a) 2-18-41 (Date received local registrar) (b) H M Grace M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 17 day ____ year 1941 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from Feb 16, 1941, to Feb 17, 1941; that I last saw him alive on Feb 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Duodenal ulcer — Duration: 5 years
Due to:
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other) D
Address: Chillicothe Mo Date signed 2/18-41

(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 Elton F. Norman & E. R. Norman (2374) Registered Apprentice No. working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P.O. Address Chillicothe, 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, fact should be so stated above.