No. 2
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FILED MAY 2 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15070

Registration District No. 503 Primary Registration District No. 4306 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Linn Co.
(b) City or town Meadville ~~Parson Creek Twp~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether years, months or days)
In this community nearly all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Meadville ~~Parson Creek Twp~~
(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.? 0 years.

3. (a) PRINT FULL NAME Sarah Ellen Ewing
3. (b) If veteran, name war X
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband ~~or wife~~ Will Ewing
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased December (Month) 12 (Day) 1860 (Year)

8. AGE: Years 80 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Wolfe county (City, town, or county) / Kentucky (State or foreign country)
10. Usual occupation housekeeper
11. Industry or business
FATHER 12. Name Harve Gillispie
13. Birthplace / Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Jane Holland
15. Birthplace / Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Emma Wallace
(b) Address Chillicothe Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Meadville cemetery
18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo.
19. (a) 3-4 (Date received local registrar) (b) 41 E Z Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1941 11 hour 45 minute P. M.
21. I hereby certify that I attended the deceased from July 1940, to March 4, 1941 that I last saw her alive on March 4, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death carcinnoma of the uterus — Duration 1 year
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 E Z Weir (M. D. or coroner)
Address Meadville Mo Date signed 3-4-41

(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.....

....., 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 wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**