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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28455

Registration District No. 378 Primary Registration District No. 5531 Registrar's No. 45

1. PLACE OF DEATH:

(a) County HOWARD

(b) City or town Monitea RURAL Franklin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: New Franklin Mo. Rt 1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 70 yrs. 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 045

(a) State Mo. (b) County HOWARD 0

(c) City or town "RURAL" N. Monitea 0
(If outside city or town limits, write "RURAL")

(d) Street No. NEW FRANKLIN, R.R. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ANNIE BELL EWENS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 1 5. Color or race YVHITE 6. (a) Single, widowed, married, divorced WIDOWED 1

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APR. (Month) 19 (Day) 1867 (Year)

8. AGE: Years 74 Months 3 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace HOWARD (City, town, or county) 0 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

FATHER
12. Name JACK GILMORE
13. Birthplace NOT KNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name SARAH BUOY
15. Birthplace _____ (City, town, or county) OHIO 1 (State or foreign country)

16. (a) Informant Mrs. Vernie Wainscott
(b) Address NEW FRANKLIN, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 30-41 (Month) (Day) (Year)
(c) Place: burial or cremation HARRISBURG

18. (a) Signature of funeral director C S Duncan
(b) Address New Franklin Mo

19. (a) 8-4-41 (Date received local registrar) (b) Anna R. Tindall (Registrar's signature)
341

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1941 hour 7 minute 15 pM.

21. I hereby certify that I attended the deceased from July 27, 1941 to July 28, 1941
that I last saw her alive on July 28, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	2 days
Due to	
Due to	
Other conditions myocarditis (Include pregnancy within 3 months of death)	

101

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 G. L. Chamberlain (M. D. or other)
Address New Franklin Mo Date signed July 30-41

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 3 1941

RECEIVED
District Health Officer No. 8,
District File Number 8-27-41
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 C A Duncan

Licensed Embalmer No. 3516

P. O. Address New Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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