DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35633

Registration District No. 625 — Primary Registration District No. 3031 — Registrar's No. 117

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1 day.

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway

(c) City or town St Louis Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 5939 De Giverville (If rural, give location)

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

3. (a) PRINT FULL NAME SAMUEL EDGAR EWING.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eunince E. Ewing.

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May (Month) 12, (Day) 1865 (Year)

8. AGE: Years 76 Months 3 Days 30 If less than one day hr. min.

9. Birthplace Sandoval (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Minister.

11. Industry or business

FATHER
12. Name Robert Ewing.
13. Birthplace Londonery (City, town, or county) Ireland. (State or foreign country)

MOTHER
14. Maiden name Minerva Martin.
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's NAME Mrs. Eunice E. Ewing

(b) Address St. Louis Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 13, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo.

19. (a) Sept 11-1941 (Date received local registrar) (b) Mamie E Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11 year 1941 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept. 11 1941, 19 Sept. 11-1941, 19 ; that I last saw him alive on Sept 11-1941, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebellar Thrombosis	
Due to Unknown cause	
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 Chas. T. Bell. (M. D. or other) ✓

Address Maryville, Mo. Date signed 9/11/41

(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 I X19311

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 John W. Price

Licensed Embalmer No. 3229.

P. O. Address Maryville 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.