U. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24702

State File No. .....

Registration District No. 796 Primary Registration District No. 3025 Registrar's No. 100

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Linn
(c) City or town: Brookfield Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: 1524 N Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Charles William Ewing
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: Amanda ann Ewing
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: Feby 29 1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	4	23	— hr. ..... min.

9. Birthplace: Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: .....
MOTHER FATHER
12. Name: Sam Ewing
13. Birthplace: Mo (City, town, or county) 0 (State or foreign country)
14. Maiden name: Nancy E Nichols
15. Birthplace: Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Mrs Minnie Adams
(b) Address: Galt Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Johnsontown, Galt Mo
18. (a) Signature of funeral director: P K Bayne & Son
(b) Address: Galt Mo
19. (a) 7-23-1942 (Date received local registrar) (b) W H Cannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1942 hour 6. minute 50 A. M.
21. I hereby certify that I attended the deceased from April 7, 1942 to July 22, 1942 that I last saw him alive on May 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	
Due to: arterio Sclerosis	
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? .....
While at work? — (Specify type of place) (e) Means of injury: —
23. Signature: Dr. N. H. Fuller (M. D. or other) M.D.
Address: Brookfield Mo Date signed: 7-23-42

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(Licensed Embalmer's Statement on Reverse Side)

SEP 10

AUG 11 1942

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 R. L. Quinn Jr.

Licensed Embalmer No. 3400

P.O. Address Galt Mo

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, fact should be so stated above.