

Filed NOV 13 1942

Registration District No. 374

Primary Registration District No. 6273

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant City Mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Thurmond
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME JENNIE EWING

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

4. Sex 1 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eugene Ewing 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March 30 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Altamont Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Wilson Ewing
13. Birthplace Uniontown Mo. (City, town, or county) (State or foreign country)
14. Maiden name Ella Acklen
15. Birthplace Uniontown Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Ewing

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof 12-19-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director Arch C. Bumpfe

(b) Address Grant City, Mo.

19. (a) Oct 25, 1942 (b) Archie Scadden (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Worth
(c) City or town Grant City, Mo. (Rural) (If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16 year 42 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from 10-4 1942 to 10-16 1942
that I last saw her alive on 10-15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic
fibillation

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 95a

Major findings: Of operations _____

Of autopsy _____

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) (d) Means of injury _____

23. Signature J. W. Smith (M.D. or other) 109
Address Grant City, Mo. Date signed 10-25-42

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 with the above constitutes grounds for revocation of license.)

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