

FILED DEC 9 1942

State File No.

Registration District No.

Primary Registration District No. 5170

Registrar's No. 348

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
One mile S. E. Boydsville, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 75 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. One mile S. E. Of Boydsville, Mo. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country. No

3. (a) PRINT FULL NAME Elizabeth E. Ewing

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Alexander Ewing 6. (c) Age of husband or wife if alive, years 6

7. Birth date of deceased 12 6 1861 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	10	27	hr. min.

9. Birthplace Knox county Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Hays

13. Birthplace OK x OK 9 (City, town, or county) (State or foreign country)

14. Maiden name Malinda Little

15. Birthplace x OK x OK 9 (City, town, or county) (State or foreign country)

16. (a) Informant E. W. Harding Ewing

(b) Address Guthrie, Mo.

17. (a) Burial (b) Date thereof 11/5/1942 (Month) (Day) (Year)

(c) Place: burial or cremation Boydsville, Mo.

18. (a) Signature of funeral director Ray A. Holt

(b) Address New Bloomfield, Missouri.

19. (a) 11-5-1942 (Date received local registrar) (b) Joie Morant Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day Nov year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Nov 3 1942 that I last saw h. u. alive on Nov 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General Arterio Sclerosis

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

97

PHYSICIAN

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature E. W. Harding (M. D. or other) 11/4/42

Address New Bloomfield, Mo. Date signed 11/4/42

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,
....., Registered Apprentice No.....
working under my personal supervision.

Signed Ray A. Holt.....
Licensed Embalmer No. 2605.....

P. O. Address New Bloomfield, Missouri.....

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.