

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31313
Registrar's No. 306

FILED OCT 6 1943

Registration District No. 777 Primary Registration District No. 3008

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

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: C. & A. R.R. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town FULTON (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? NO years.

3. (a) PRINT FULL NAME ARTHUR WILBUR EWING
3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or face WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GERTRUDE EWING 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased JUNE 20 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 0 If less than one day hr. min.

9. Birthplace BUNKER HILL ILL. I (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name Robt. T. EWING
13. Birthplace ILL I (City, town, or county) (State or foreign country)
14. Maiden name DAMPY DEHANSY
15. Birthplace ILL I (City, town, or county) (State or foreign country)

16. (a) Informant MRS ARTHUR EWING
(b) Address FULTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept. 22 1943 (Month) (Day) (Year)
(c) Place: burial or cremation H. LL-CREST FULTON

18. (a) Signature of funeral director Wm. J. Manekin
(b) Address 712 Court St. Fulton Mo.

19. (a) Sept 21-43 (Date received local registrar) (b) Joseph M. Mankoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20th year 1943 hour 9 minute 0 M.
21. I hereby certify that I attended the deceased from _____ to _____ 1943.

that I last saw him dead 19 to 19 and that death occurred on the date and hour stated above.

Immediate cause of death Natural Causes, apparently, a sudden heart failure - as he was loading some freight into his auto at C. & A. R.R. Station, Fulton, Mo. and dropped dead, Duration _____

Other conditions X (Include pregnancy within 3 months of death)

Major findings: Of operations X Of autopsy NO 2.00 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) NO
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO
died at C. & A. R.R. Fulton, Mo.
While at work? yes (Specify type of place) (e) Means of injury none
23. Signature W. W. Holzman 3 Coronals - (M.D. or other)
Address 8-E. 8th St. Fulton Mo. Date signed 9-20-43

11147 (Licensed Embalmer's Statement on Reverse Side)

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.....

Glen Y. Manspin

Licensed Embalmer No. *2725*

P. O. Address..... *Fulton, 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, fact should be so stated above.