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FILED JUN 27 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18792

State File No.

Registrar's No. 15

Registration District No.

Primary Registration District No. 6292

1. PLACE OF DEATH:

(a) County **### Ozark**
(b) City or town **Pondfork Rural Thornfield**
(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 **38 yrs** (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **### Ozark**
(c) City or town **Pondfork**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country: **/**

3. (a) PRINT FULL NAME

Lonzo Dow Ewing

(b) If veteran, name war:

(c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mollie Ewing**

6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased: **June 24 1878**
(Month) (Day) (Year)

8. AGE: Years **65** Months **8** Days **10** If less than one day hr. min.

9. Birthplace **Green County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business:

MOTHER FATHER { 12. Name **James Ewing**

13. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Syble Gragg**

15. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mollie Ewing**

(b) Address **Pondfork, Missouri**

17. (a) **Burial** (b) Date thereof **3-6-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bradley**

18. (a) Signature of funeral director **Clinkingbeard Funeral Home** While at work? (Specify type of place)
(b) Address **Ava, Missouri** (c) Means of injury:

(b) Address **Ava, Missouri**

19. (a) **4-26-44** (b) **Margaret Hetchum**
(Date received local registrar) (Registrar's signature)
23. Signature **M. C. Gentry** (M. D. or ~~other~~)
Address **Ava, Mo** Date signed **3-5-44**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4**
year **1944** hour **4** minute **45** P. M.

21. I hereby certify that I attended the deceased from **March 3** to **March 4** 19**44**
that I last saw him **live** on **March 3** and that death occurred on the date and hour stated above.

Immediate cause of death: **Toxemia**
Due to: **Unresolved pneumonia** 2 yrs
Exposure

Other conditions: **Chronic myeloid leukemia**

Major findings: **108**
Of operations:

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?

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

581

RECEIVED

District Health Officer No. 6.

District File Number 644-667

Date Filed JUN 3 1944

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.....

W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address.....

Wm. W. W.

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.