

Registration District No. 77 Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
619 Adams  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 yrs years, months or days

3. (a) PRINT FULL NAME William Ira Ewens

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Jan 14, 1860  
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Tebbetts, Mo. Callaway Co.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name: Samuel Ewens

13. Birthplace: Tebbetts, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name: Maria Hopkins

15. Birthplace: Tebbetts, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: David Jones

(b) Address: Jefferson City, Mo.

17. (a) Burial (b) Date thereof: 1-7-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Riverview Cem. Tebbetts Mo.

18. (a) Signature of funeral director: Victor Buscher

(b) Address: Jefferson City, Mo.

19. (a) 1-8-45 (b) Theresa Richter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26  
(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 619 Adams 4  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
year 1945 hour 12 minute 30 M. A

21. I hereby certify that I attended the deceased from 1-3-45 to 1-6-45  
that I last saw him alive on Jan 6 1945  
and that death occurred on the date and hour stated above. 44

Immediate cause of death: Cerebral  
arterio-sclerosis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 120  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature: J. E. Bover (M. D. or other) MD  
Address: Jefferson City, Mo. Date signed: 1/8/45

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

16  
5  
4

644

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 1-17-45

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 Victor Buscher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.