

V. S. No. 2
100M-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2536

State File No.

FILED JAN 16 1945
Registration District No. 153

Primary Registration District No. 4246

Registrar's No. 18

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

49
3
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1. PLACE OF DEATH:

(a) County, Jasper

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

(c) Name of hospital or institution:
212 E. ALLEN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution, 1
(Specify whether)

In this community, 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, Jasper 49

(c) City or town, Carl Junction 3
(If outside city or town limits, write "RURAL")

(d) Street No., 212 E. ALLEN.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country, U

3. (a) PRINT FULL NAME, JOHN ERNEST EWAN

3. (b) If veteran, name war

3. (c) Social Security No., 494-22-1028

4. Sex, M O

5. Color or race, W

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

6. (b) Name of husband or wife, Mable E. Ewan

6. (c) Age of husband or wife if alive, 62 years

7. Birth date of deceased, June 18 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	26	hr. min.

9. Birthplace, MT. AYER Ind
(City, town, or county) (State or foreign country)

10. Usual occupation, Stockman

11. Industry or business

MOTHER FATHER { 12. Name, WILLIAM EWAN

{ 13. Birthplace, Ind
(City, town, or county) (State or foreign country)

{ 14. Maiden name, MARY MARTIN

{ 15. Birthplace, Ind
(City, town, or county) (State or foreign country)

16. (a) Informant, Mable E. Ewan

(b) Address, Carl Junction, Mo.

17. (a) (b) Date thereof, DEC 16 1944
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

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

18. (a) Signature of funeral director, Roney Funeral Service
(b) Address, Carl Junction, Mo.

19. (a) Dec. 16, 1944 (b) Mrs. Lillie Eagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month, Dec. day, 14
year, 2 hour, 59 minute P M.

21. I hereby certify that I attended the deceased from
Jan. 19 1944 to Dec. 5 1944
that I last saw him alive on Dec 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death, Arterial Sclerosis

Due to...

Due to...

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

PHYSICIAN

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)

(e) Means of injury

23. Signature, O. T. Alberty (M. D. or other)

Address, Carl Junction Date signed, 12-15-44

1180

mo

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 *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Josephine me*.....

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.