S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17917

Registration District No. 299 Primary Registration District No. 6028 Registrar's No.

1. PLACE OF DEATH:
(a) County Reynolds
(b) City or town Rural; Lesterville twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 miles West of Lesterville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Reynolds
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles West of Lesterville
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Malissa Jane Ewing
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex fem
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Walter Ewing
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 2 (Day) 1854 (Year)
8. AGE: Years 91 Months 3 Days 1 If less than one day hr. min.
9. Birthplace Louisville Ky. (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Roy D. Ewing
(b) Address Lesterville Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lesterville Mo.
18. (a) Signature of funeral director Norman White & Sons
(b) Address Lucy White Ironton Mo.
19. (a) June 7th 45 (Date received local registrar) (b) Mrs Lucy Wallington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1945 hour 6 minute 40 A.M.
21. I hereby certify that I attended the deceased from June 4th, 1945, to June 6th, 1945, that I last saw her alive on June 4th, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
a Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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?
While at work? (Specify type of place) (e) Means of injury
23. Signature C. M. Fitzpatrick M.D. M. D. or other
Address Lesterville Mo. Date signed 6/7/45

1194

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 645-291
Date Filed 6-13-45

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 Ancel J. White

Licensed Embalmer No. 2012

P. O. Address Fronton 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.