

FILED AUG 9 1945

Registration District No. 47

Primary Registration District No. 3008

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 State Hospital No 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 14

(c) City or town Green Ridge R 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Thomas J Ewing

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1945 hour 3-14 minute 10 M.

21. I hereby certify that I attended the deceased from 7-13 1945 to 7-22 1945
that I last saw him alive on 7-22 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lee Anna Ewing

6. (c) Age of husband or wife if alive 57 1/2 years

7. Birth date of deceased 3-18-64
(Month) (Day) (Year)

Immediate cause of death _____

Due to Chronic Myocarditis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>3</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Pinceton Ind. 1
(City, town or county) (State or foreign country)

10. Usual occupation R.R. Conductor

11. Industry or business _____

12. Name James J Ewing

13. Birthplace Pinceton Ind. 1
(City, town or county) (State or foreign country)

14. Maiden name Martha Elizabeth Harris

15. Birthplace Potomac Ind. 1
(City, town or county) (State or foreign country)

16. (a) Informant Record

(b) Address _____

17. (a) Burial (b) Date thereof 7-25-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge, Mo

18. (a) Signature of funeral director Edna Ewing

(b) Address Sedalia, Mo

19. (a) 7-23-1945 (b) Joel M. ...
(Date received local registrar) (Registrar's signature)

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) _____ Means of injury _____

Signature George H. Reed (M. D. or other) M.D.

Address Fulton Mo Date signed 7/23/45

MOTHER FATHER

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed AUG 9 1945

AUG 20 1945

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 Duane Ewing

Licensed Embalmer No. 38147

P. O. Address Sedalia, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. AugRegistration District No. 47Primary Registration District No. 3008Registrar's No. 2330

1. PLACE OF DEATH:

- (a) County Callaway Fulton
 (b) City or town Fulton
 (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. (Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAME Thomas J. Ewing

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex
- m
5. Color or race
- w
6. (a) Single, widowed, married,
-
- divorced
- m

6. (b) Name of husband or wife
-
6. (c) Age of husband or wife if
-
- alive

7. Birth date of deceased
- Feb 3
-
- (Month) (Day) (Year)

8. AGE: Years
- 81
- Months Days If less than one day
-
- hr. min.

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

10. Usual occupation

11. Industry or business

- MOTHER FATHER
 12. Name
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name
 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
 (b) Address
 17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
 (c) Place: burial or cremation

18. (a) Signature of funeral director
 (b) Address
 19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
 (c) City or town (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Aug
- Day
- 2
-
- Year
- 1945
- Hour minute M.

21. I hereby certify that I attended the deceased from
 to
 that I last saw him alive on
 and that death occurred on the date and hour stated above.
 Immediate cause of death

Duration

- Due to Lobar Pneumonia
 Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

ADDITIONAL
 SUPPLEMENTARY
 INFORMATION
 REQUESTED

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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) Means of injury

23. Signature George H. Reuss (M. D. or other)
 Address Fulton Mo Date signed 8/11/45

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

SUPPLEMENTARY

23592