

FILED OCT 11 1945
Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **16**

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

1. PLACE OF DEATH:

(a) County **Dunklin**

(b) City or town **Kennett**
(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 **2 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Dunklin**

(c) City or town **Kennett**
(If outside city or town limits, write "RURAL")

(d) Street No. **316 N. Vandewater St.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **RICHARD EWING**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **20**
year **1945** hour **7** minute **20 PM**

21. I hereby certify that I attended the deceased from ~~1945~~ to ~~1945~~
that I last saw him alive on ~~9-20~~ 19 ~~45~~
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife **Georgie Ewing** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **Feb 9 1870**
(Month) (Day) (Year)

Immediate cause of death
**Cerosis of liver, severe
Marked nephritis**

8. AGE: Years **75** Months **7** Days **13** If less than one day hr. _____ min. _____

9. Birthplace **Indio** (City, town, or county) **Miss** (State or foreign country)

10. Usual occupation **Farmer**

Due to **Pulmonary decompensation**
Due to **Ascites**

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

MOTHER FATHER

11. Industry or business _____

12. Name **Isaac Ewing**

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

14. Maiden name **Dont know**

15. Birthplace **Dont know** (City, town, or county) (State or foreign country)

16. (a) Informant **Georgie Ewing**
(b) Address **Kennett Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **9-23-45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Oak Ridge Cem**

18. (a) Signature of funeral director **Life and Co**
(b) Address **Kennett Mo**

19. (a) **9-28-1945** (Date received local registrar) (b) **Earl Thurber** (Registrar's signature)

Major findings: **12th**

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 **Walter G. ...**
Address **Kennett Mo** Date signed **9-20-45**

RECEIVED

District Health Office No. 2,

District File Number 1045-3102

Date Filed 10-8-42

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

Walter A. Heath

Licensed Embalmer No. 2002

P. O. Address Ken nell 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.