

S. No. 2
-9-4-41
5-17-39
PI X29484

FILED NOV 9 1945

STANDARD CERTIFICATE OF DEATH

33346

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 308

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

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: (In hospital or institution) 9 yrs 4 m 15 d (Specify whether years, months or days)

In this community 9 yrs 4 m 15 d

3. (a) PRINT FULL NAME Francis Marion Pew

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

4. Sex Male **5. Color or race** White

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

6. (b) Name of husband or wife Maria Caldwell Pew

6. (c) Age of husband or wife if alive Deceased years _____

7. Birth date of deceased July 4 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 4 If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) Ill. 1

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Nelson Pew

13. Birthplace _____ (City, town, or county) (State or foreign country) Ill. 1

14. Maiden name Jane Morgan

15. Birthplace _____ (City, town, or county) (State or foreign country) Ill. 1

16. (a) Informant Record

(b) Address _____

17. (a) Removal (Burial, cremation, or removal) **(b) Date thereof** 10-8-1945
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Stephens

(b) Address 110 W. 1st

19. (a) 10-8-1945 (Date received local registrar) **(b) Joeie Morant Hoff** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1945 hour 4-50 minute 10 M.

21: I hereby certify that I attended the deceased from 9-1-1945 to 10-8-1945
that I last saw him alive on 10-8-1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Arteriosclerosis

Due to _____

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

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)

23. Signature George H. Reers (M. D. or other) MD

Address Fulton Mo **Date signed** 10-8-45

Duration 1

932

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health-Officer No. 9,

District File Number _____

Date Filed 11-8-45

159 N 4th
Museum Street

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 J. H.

_____, Registered Apprentice No. 1588

working under my personal supervision.

Signed J. B. Wells

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.