

V. S. No. 2
00M-5-43
Rev. 5-17-39
X36871

11992

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 12 1946
Registration District No. 368

Primary Registration District No. 3076

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
575 N. Cedar St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary E. Paul Ewing

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased Nov. 23, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>3</u>	<u>12</u>	hr. min.

9. Birthplace Mt. Sterling Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation house work

11. Industry or business

12. Name Bevius M. Paul

13. Birthplace Mt. Sterling Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Paula P. Shilkey

15. Birthplace Mt. Sterling, Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paula McKel

(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof 3-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton's Burial Park

18. (a) Signature of funeral director E. Eicheiger, Funeral Home

(b) Address Nevada, Mo.

19. (a) 3-11-46 (b) Rathbone Yancey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon 108

(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")

(d) Street No. 575 N. Cedar St. 2
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7
year 46 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Nov
2, 1943 to Mar 5, 1944
that I last saw her alive on Mar 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Hyperkalemie
cardio-renal disease

Due to General arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 12/8

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?
(Specify type of place) (e) Means of injury

23. Signature F. L. Martin M.D. (M. D. or other) M.D.
Address Nevada Mo. Date signed 3/11/46

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RECEIVED

DEPARTMENT OF HEALTH OFFICE NO. 1,

UNIVERSITY OF MICHIGAN 3-46-301

Date Filed 4-5-46

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 Mark C. Singer

Licensed Embalmer No. 2656

P. O. Address Newark, 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.