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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30641

State File No.

FILED SEP 18 1946

Registration District No. 73 Primary Registration District No. 3028 Registrar's No. 166

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 713 Oak St. (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 55 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage (If outside city or town limits, write "RURAL") 1
(d) Street No. 713 Oak St. (If rural, give location) 3
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIAM WATSON McEWEN
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Molley E. Martin McEwen
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased May (Month) 10, (Day) 1862 (Year)

8. AGE: Years 84 Months 3 Days 9 If less than one day hr. min.

9. Birthplace QUINSTON, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Ret'd.
11. Industry or business

MOTHER FATHER
12. Name William McEwen
13. Birthplace X (City, town, or county) Ky. (State or foreign country)
14. Maiden name Pheoby Watson
15. Birthplace X (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. D. C. Hodkins
(b) Address Carthage, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.
19. (a) 8-21-46 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20, 19 year 1946 hour 3:55 minute A. M.

21. I hereby certify that I attended the deceased from May 25 1946, to Aug 19 1946, that I last saw him alive on Aug 18 1946, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral hemorrhage
Due to Myocarditis (chronic)
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 930
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. N. Webster (M. D. or other)
Address Carthage Mo. Date signed Aug 19 1946

139 (Licensed Embalmer's Statement on Reverse Side)

46-8-716

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 Ed Embalmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.