S. No. 2
M—1/47
. 5-17-39

49
2
5

Dr Juliette Elisou

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44346

FILED JAN 17 1948

Registration District No. 1036 — Primary Registration District No. 2001 — Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 111 two months (Specify whether years, months or days)
In this community: 5½ months 7 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No.: Rt 1, Box 811-A (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Roderick Maurice Ewing

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: infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years

7. Birth date of deceased: May (Month) 31 (Day) 1947 (Year)

8. AGE: Years 0 — Months 5½ — Days 0 — If less than one day ... hr. ... min.

9. Birthplace: Joplin (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: infant

11. Industry or business

FATHER
12. Name: Harold R. Ewing
13. Birthplace: Joplin (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Vera May Potter
15. Birthplace: Joplin (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Harold R. Ewing
(b) Address: Rt 1, Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 21, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Memorial Park

18. (a) Signature of funeral director: Thornhill-Dillon Mortuary
(b) Address: Joplin, Missouri

19. (a) 11-20-47 (Date received local registrar) Dolores Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th year 1947 hour 4 minute 20 p M.

21. I hereby certify that I attended the deceased from November 17, 1947, to Nov. 18, 1947; that I last saw him alive on Nov. 18, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Alkalosis + Upper Respiratory Disease	3 days
Due to: Congenital Heart Disease (cyanotic)	
Due to: (Tetralogy of Fallot)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: as Above	

PHYSICIAN — Underline the cause of 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: Juliette M. Elisou (M. D. or other)
Address: 327 Frisco Bldg Date signed: 11-19-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-12-1012

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 Erling M. Dungey

Licensed Embalmer No. 3566

P. O. Address Joplin 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.