

FILED MAR 25 1948

Registration District No. 47 Primary Registration District No. 3008

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

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Hutton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hosp No 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 4 yrs 29 days  
(Specify whether \_\_\_\_\_)  
In this community same  
years, months or days)

3. (a) PRINT FULL NAME WALTER DROWN EWENS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edna Ewens 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased. Sept 16 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 5 28 hr. min.

9. Birthplace Boon Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Andy Ewens

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

14. Maiden name Swartzan Roberts

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Ward State Hosp  
(b) Address Hutton

17. (a) Removal (b) Date thereof 3 14 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Hannabury Mo

18. (a) Signature of funeral director: Partner Funeral Service  
(b) Address Callaway Mo

19. (a) 3-14-1948 (b) Joan Mounschaff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Boon  
(c) City or town Columbus  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1948 hour 5 minute 40 M.  
21. I hereby certify that I attended the deceased from March 1  
1948, to March 14, 1948  
that I last saw him alive on March 13, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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) (c) Means of injury \_\_\_\_\_  
23. Signature W. Calhoun (Dr. B. or other)  
Address Hutton Date 3/19/48

RECEIVED  
District Health Officer No. 9,  
District File Number  
MAR 24 1978  
Date Filed

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 *M. N. Phillips*

Licensed Embalmer No. *3843*

P. O. Address. *Columbus, 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.