DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Filed NOV 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35093

Registration District No. 347 — Primary Registration District No. 5495 — Registrar's No.

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Urich, T-mouse St. Or (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (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 53 years

2. USUAL RESIDENCE OF DECEASED: 042
(a) State Urich, Mo (b) County Henry
(c) City or town Urich (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James R. Ewing
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex M
5. Color or race White
6. (a) Single, widowed, married or divorced Married
6. (b) Name of husband or wife Grace L. Ewing
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 10 (Day) 1874 (Year)

8. AGE: Years 67 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Hancock (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name Peter Ewing
13. Birthplace Ohio (City, town, or county) Ohio (State or foreign country)
14. Maiden name Jane Bennett
15. Birthplace Ohio (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Paul Ewing
(b) Address Urich, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mullens
18. (a) Signature of funeral director Thad Wilkinson
(b) Address Clinton, Mo
19. (a) 10-20-41 (Date received local registrar) (b) Dr. J. R. Hampton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19 year 1941 hour 11:00 AM minute M.
21. I hereby certify that I attended the deceased from Oct. 12, 1941, to Oct. 19, 1941; that I last saw him alive on Oct. 19, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Hypertension	
Due to Apoplexy	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. J. E. Bragg (M. D. or other) MD
Address Urich Date signed Oct 19 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-41-1903
Date Filed 11-14-41

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 Fred Wilkerson

Licensed Embalmer No. 2498

P. O. Address Canton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
1—8-21-41
I X29288

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1. PLACE OF DEATH:
(a) County Henry
(b) City or town Urich
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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

3. (a) PRINT FULL NAME James R Ewing
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Apr. (Month) 10 (Day) 1874 (Year)

8. AGE: Years 67 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio. (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Complete Heart Block - Hypostatic Pneumonia	
Apoplexy.	
Due to Bronchial Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107
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 Dr. J. E. Bennett (M. D. or other) D.O.
Address Date signed