

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21024

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2474
 (c) City Kansas City (d) Street No. St. Joseph's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 7 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

F. Herbert Ewalt 430
 (a) Residence, No. 717 West 36th St. St. 368
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Florence Ewalt
 (OR WIFE OF) 1859

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Salesman
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Vernon Ohio

FATHER 13. NAME Henry Ewalt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Vernon Ohio

MOTHER 15. MAIDEN NAME Sophie Peters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Ohio

17. INFORMANT (ADDRESS) Mrs. J. H. Ross
428 Westover Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbus, Kas. DATE June 21, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary & Chapel
Kansas City, Mo.

20. FILED June 20, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to June 8, 1938
 First saw him alive on June 1, 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute pancreatitis Date of onset

Other contributory causes of importance:

Gas bacillus septicemia

Name of operation Date of
 What test confirmed diagnosis? autopsy Was there an autopsy? ye

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify Yes - Rosewood Chapel

(Signed) M. M. Brown M. D.

(Address) 928 Arroyo Blvd

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,

Harmon Freeman, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Harmon Freeman

Licensed Embalmer No. 2939

P. O. Address Kansas City, 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, above space should be left blank.

Harmon Freeman