

FILED AUG 17 1942

State File No.

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2912

48

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

1. PLACE OF DEATH: JACKSON

(a) County.....

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3614 Brooklyn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 25 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3614 Brooklyn
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EVERETT NEWBERRY EWIN

3. (b) If veteran, name war No 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 Mary B. 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: June 29 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>2</u>	hr. min.

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

10. Usual occupation: Insurance Agent (worked on commission)
Federal Life and Casualty Co.

11. Industry or business: Insurance Agent

12. Name Chas. S. Ewin

13. Birthplace: Howard County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Alice Ann Newberry

15. Birthplace: Papinsville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary B. Ewin
(b) Address 3614 Brooklyn

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-3-42
(Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill Cemetery near

18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.
(b) Address: Kansas City, Mo.

19. (a) 8/2/42 (b) M. N. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from June 1-42 to July 31 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia Duration 48 hrs

Due to: Coronary Thrombosis 2 hrs.

Due to: Hypertension, 108 5 yrs.

Other conditions: (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations: Of autopsy:

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? Other

23. Signature: J. H. Tolson (M. D. or other) While at work? (Specify type of place) (e.g. Means of injury)

Address: 7th and Olive Bldg Date signed: 8/2/42

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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.....

H. D. Blickman

Licensed Embalmer No.....

3639

P. O. Address.....

K. C. 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.