

FILED AUG 1 1942  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2802

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
7220 Washington Street /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 In this community..... 52 years  
 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. 7220 Washington Street  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME PAUL M. HEWITT

3. (b) If veteran, name war no 3. (c) Social Security No. 486-07-8433

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Hazel L. Hewitt 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Dec. 21, 1889  
 (Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 2 If less than one day  
 hr. min.

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

10. Usual occupation Traffic Manager

11. Industry or business Davis, Noland, Merrill Grain Co.

MOTHER FATHER  
 { 12. Name John A. Hewitt  
 { 13. Birthplace Pennsylvania /  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary Bailey  
 { 15. Birthplace Pennsylvania /  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazell L. Hewitt

(b) Address 7220 Washington Street

17. (a) Burial (b) Date thereof 7-25-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 7-24-42 (b) M. M. Crowl  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from 4-20-37 to July 23, 1942  
 that I last saw him alive on July 23, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lat. Coronary Occlusion  
Lat. Occlusion

Duration  
1 yr  
3 hrs

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?  
 (Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature E. L. Petry (M. D. or other) O

Address 300 Argyle Bldg. Date signed 7-23-42

486.07.8433

2 P.M.

Age. 5997

George Bedy

W. E. J. Bedy

**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 Clarence J. Chiles

Licensed Embalmer No. 3473

P. O. Address 6 E. 7th

**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.