

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1373

State File No.

220

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 4 1944

1002

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:
Ethel Jordon Convalescent Home (3420 Benton Blvd)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 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. 3420 Benton Blvd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Nannie May Ewing

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife E. A. Ewing 6. (c) Age of husband or wife if alive de years
7. Birth date of deceased Jan 6th 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Eugene B. Todd
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Mable Stevens
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant W. W. Ewing
(b) Address Emporia, Kansas

17. (a) Removal (b) Date thereof 1/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richards, Mo.

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd street

19. (a) Jan 15, 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th
year 1944 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 1944 to Jan 13 1944
that I last saw her alive on Jan 12 1944
and that death occurred on the date and hour stated above,
Immediate cause of death General carcinoma

Due to Carcinoma of breast Duration 32 yrs

Due to 5

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) No
(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)
(e) Means of injury _____

23. Signature E. W. Shurba (M. D. or other)
Address 900 Rialto Bldg Date signed 1-15-44

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Elmer C. Wedelin*

Licensed Embalmer No. *3495*

P.O. Address *Kansas City*

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

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