

0. 2
2-43
7-39
X15697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1426

State File No. _____

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 5594

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:
4223 Oak St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 39 years
years, months or days

3. (a) PRINT FULL NAME John H. Ewyman

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 1
6. (b) Name of husband or wife Flora E. Ewyman 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 09 4 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Employer

11. Industry or business Nelson Art Gallery

12. Name William H. Ewyman

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

14. Maiden name Martha Ramsey

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

16. (a) Informant Flora E. Ewyman

(b) Address 4223 Oak St.

17. (a) Int. Burial (b) Date thereof 12 30 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) Dec 29 1943 (b) J. G. Brown
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4223 Oak St 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29 43
year 1943 hour 10 minute _____ M.

21. I hereby certify that I attended the deceased from 12. 27
1943 to 12 29 1943;
that I last saw him alive on 12. 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Due to _____
Due to 131 15
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. R. Hall (M. D. or other) _____
Address 676 B. at Brook 10 St. Date signed 12. 29. 43

R 6, Mo.

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

MOTHER FATHER

1005
1005
1005

71-0984 12:30 PM

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 *Edmond E. ...*

Licensed Embalmer No. 481

P. O. Address Manassas City, Md.

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.